

***United States Court of Appeals
for the Second Circuit***



EXHIBITS

ORIGINAL

75-7403

United States Court of Appeals

For the Second Circuit.

LEROY PORSS,

Plaintiff-Appellee,

-against-

MARITIME OVERSEAS CORPORATION,

Defendant-Appellant.

*On Appeal From The United States District
Court For The Southern District Of New York*

EXHIBITS

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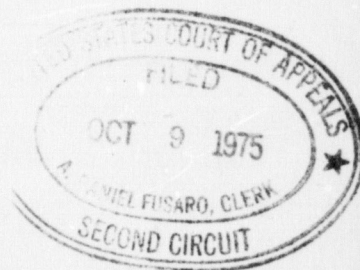


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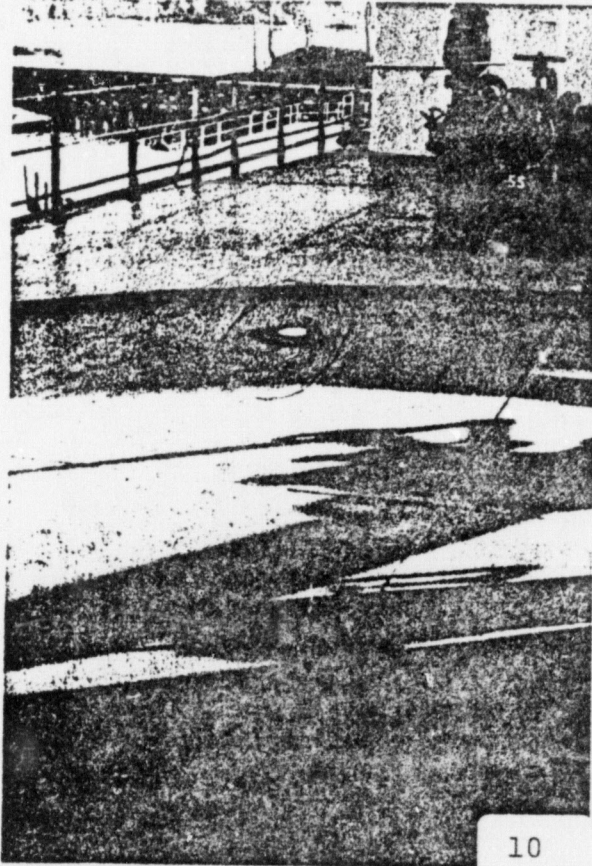
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"Angelo Antoniou	266			
"George Schmidt	366			
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Albert Isaac	421	432	452	453
George J. Seaman	465	511	581 617	602
Vincent Lodico	619	640	668	

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EXHIBITS 1, 1-B, 1-C, 1-D, 1-E and 1-F



10

USA 33a - 475
(ED. 4-23-71)

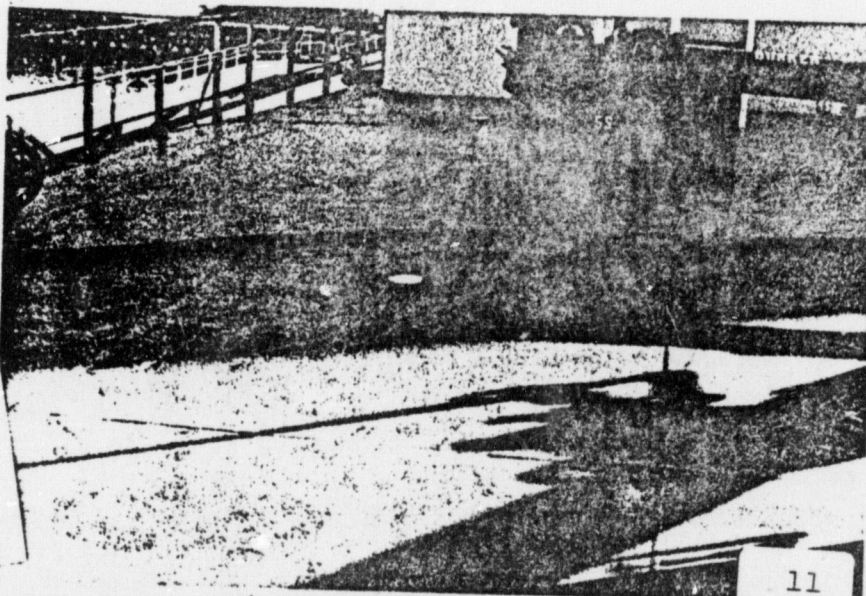
PLAINTIFF

EXHIBIT
U. S. DIST. COURT
S. D. OF N. Y.

1-1d

FPI-MI-4-8-74-30M-2001

2001



11

COURT
N. Y.

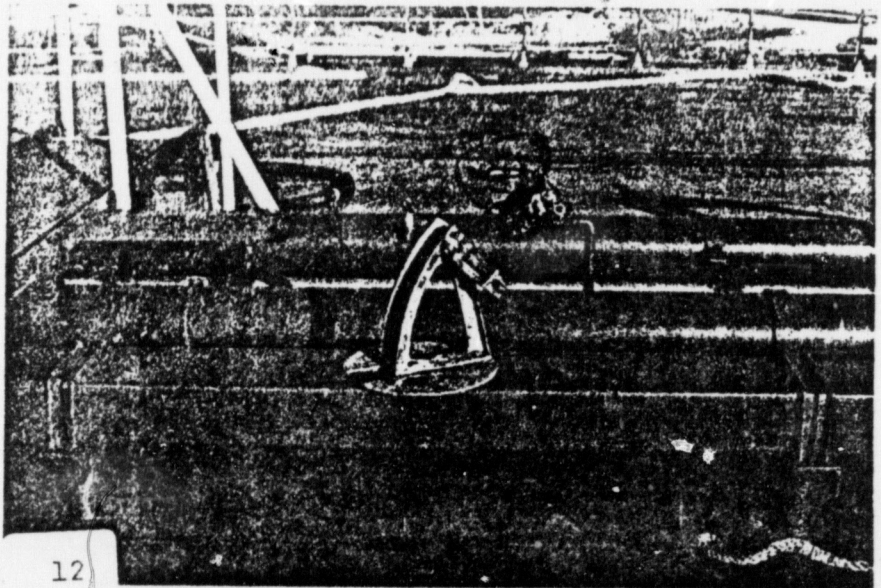
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4-23-71)

PLAINTIFF

EXHIBIT
U. S. DIST. COURT
S. D. OF N. Y.

1-B-~~id~~

FP: MI-4-8-74-30M-2001



12

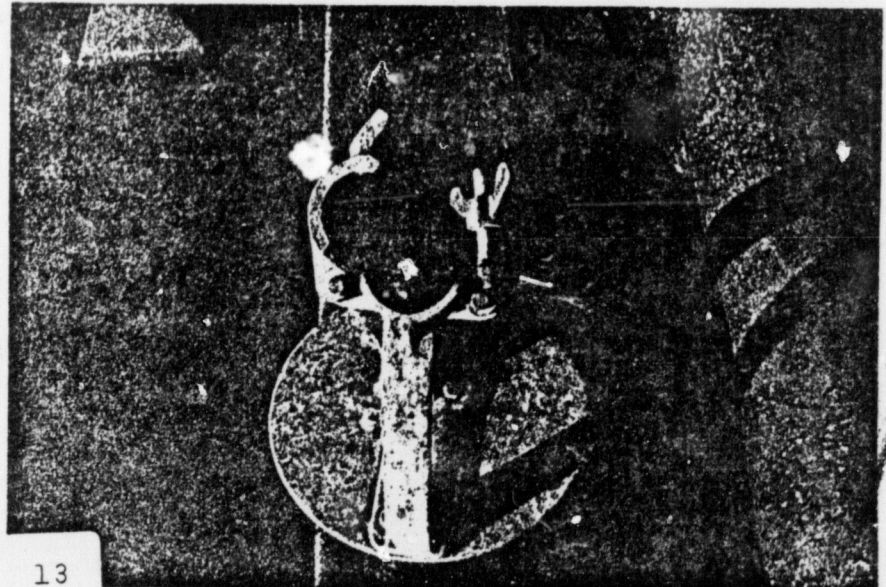
33a - 475
4-23-71)

PLAINTIFF

EXHIBIT
U. S. DIST. COURT
S. D. OF N. Y.

1C-~~id~~

FP: MI-4-8-74-30M-2001



13

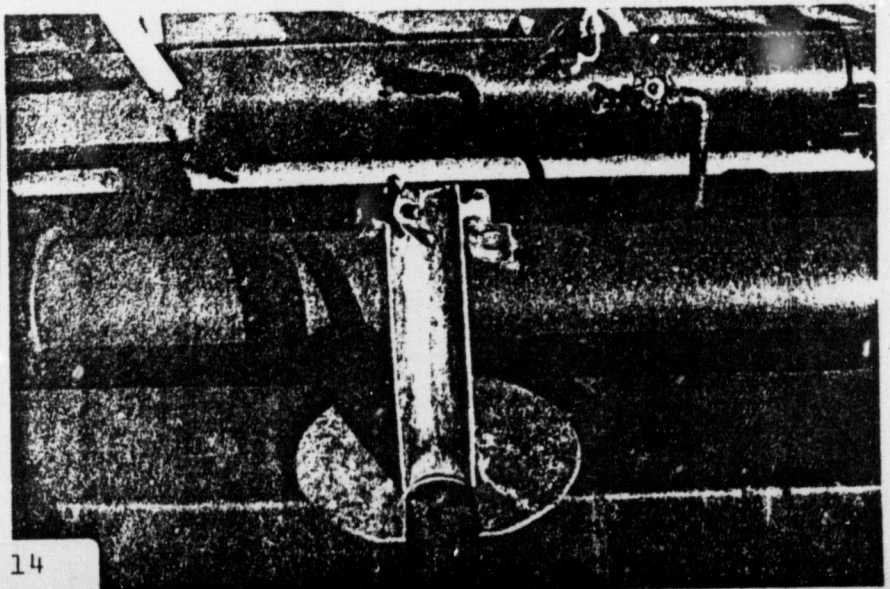
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PLAINTIFF

EXHIBIT
U. S. DIST. COURT
S. D. OF N. Y.

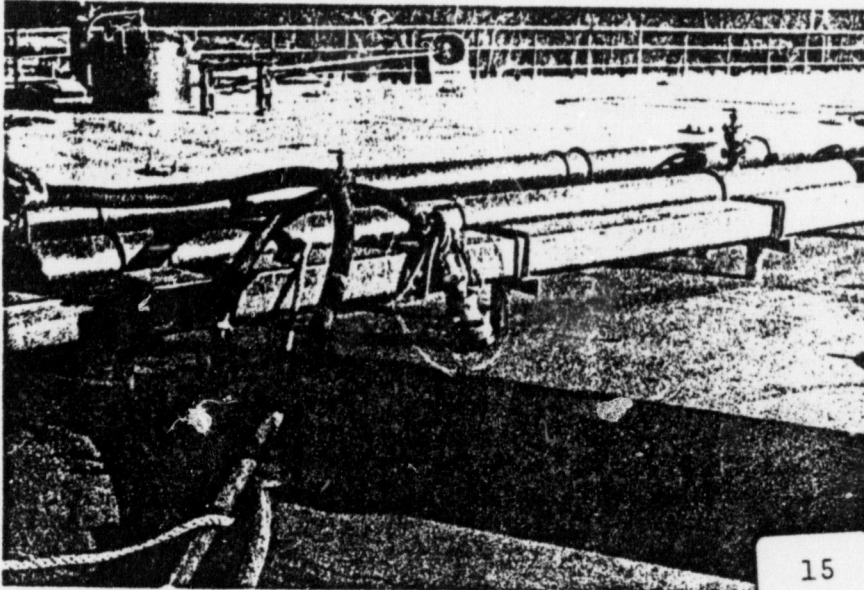
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FP: MI-4-8-74-30M-2001



14

E-3



15

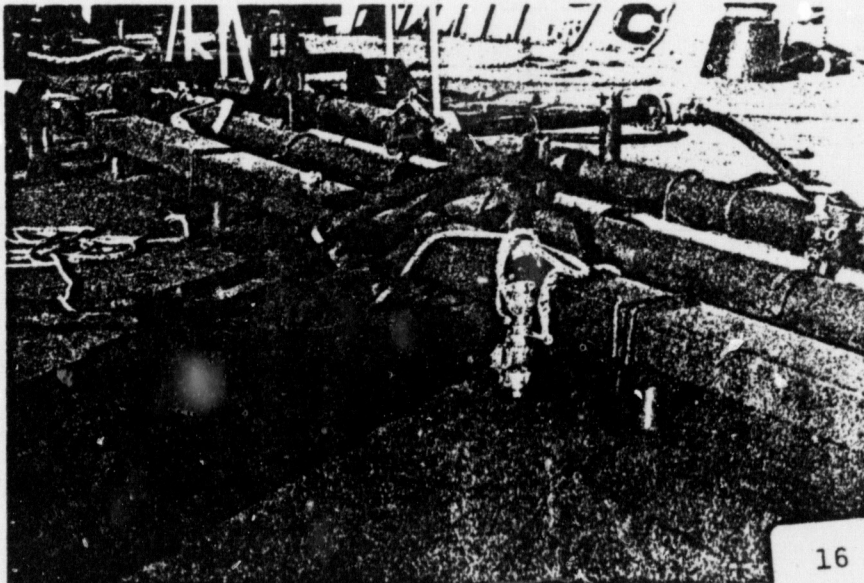
USA 33s - 475
(ED. 4-23-71)

PLAINTIFF

EXHIBIT
U. S. DIST. COURT
S. D. OF N. Y.

1E-2

FPI-MI-4-8-74-30M-2001



16

USA 33s - 475
(ED. 4-23-71)

PLAINTIFF

EXHIBIT
U. S. DIST. CO
S. D. OF N.

1F-2

FPI-MI-4-8-74-30M-2

EXHIBIT I

E-4

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

CERTIFICATION - TRUE PHOTOCOPIES OF CLINICAL RECORDS

Having been designated as local custodian of the clinical records
of the New Orleans United States
(Station Name)
Public Health Service Hospital, U.S.
(Hospital or Station)
Department of Health, Education, and Welfare, pursuant to 42 Code
of Federal Regulations 1.107 (d), I hereby certify that the attached
documents, consisting of 11 pages, are true photocopies of
clinical records pertaining to PORSA, Leroy and
that the originals of said records are in the files of the said
U.S. Public Health Service Hospital.
(Hospital or Station)

Nov. 12, 1974
(Date)



John B. Wiggins, Jr. RRA
(Signature)

Sr. Health Services Officer, USPHS
Chief, Medical Record Dept.
(Title of Certifying Officer)

U.S. Public Health Service Hospital
(Hospital or Station)

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES
(Sign all notes)

DATE

44 y/o W.M. 11/0/80

No drug allergies

10-15-73

Pain in (R) flank radiating to ant lower
 abdomen off & on for past 5 months.
 Associated with pain on urination. Has
 not passed blood but urine is cloudy. Fever
 & chills off & on with cramps in legs. (May
 have been from heat while on ship)

Long G-U Infection

Urinalysis -

ES, BUN, Creatinine, ^{but} ^{Acid}
 Titration 250mg #20 if ok, then

→ Gid for infection

Pys: Amin 100mg, #30
 for burning on urination.

Return in A.M. for lab reports

- ship leave ~~Wednesday~~ dayDrunk plenty of ^{plenty of} fluids, rest ^{Drunk}

10/15/73

Tried to obtain Urinalysis report - but no record of

Same.

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle, grade, date; hospital or medical facility)

REGISTER NO.

WARD NO.

Parr, L.

S. PUBLIC HEALTH SERVICE HOSPITAL
 110 STATE ST., NEW ORLEANS 18, LA

DOCTOR'S PROGRESS NOTES
 Standard Form No. 1
 May 1969 (Rev. 1)
 General Services Admin. &
 Int. Agency Comm. on Med. Records
 5010-107

CLINICAL RECORD	RADIOGRAPHIC REPORTS

ATTACH 3D REPORT ALONG HERE ↑ AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE ↑

11 Sheng

PATIENT'S LAST NAME-FIRST NAME-MIDDLE NAME <i>Leroy Porse</i>		REGISTER NO.	WARD NO.
<i>24-05-81</i>		AGE / SEX <i>74 M</i>	<input type="checkbox"/> BEDSIDE, WHEELCHAIR, OR STRETCHER <input type="checkbox"/> BED PATIENT <input checked="" type="checkbox"/> AMBULATORY
(Above space for mechanical imprinting, if used)		EXAMINATION REQUESTED <i>L-5 Spine Series</i>	DATE OF REQUEST <i>10/16/73</i>
PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS <i>Lumbosacral Sprain 1971. (R) flank pain & spasm of paravertebral m. Good motion</i>			
FILM NO. <i>240581</i>	DATE OF REPORT <i>10/16/73</i>		

RADIOGRAPHIC REPORT
LUMBAR SPINE:

The intervertebral disc spaces are well maintained. The articular processes and facets are intact. There is no evidence of spondylolisthesis. The sacro-iliac joints are clear and normal lordotic curvature of the lumbar spine is maintained.
Impression: Negative lumbar spine. ELS/jb

[Signature]

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

U.S. PUBLIC HEALTH SERVICE HOSPITAL
214 STATE ST., NEW ORLEANS 18, LA
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

Standard Form 519 (Rev. Aug. 1960)
Promulgated by Dept. of the Interior
Circular A-32, Rev. 1
RADIOGRAPHIC REPORT
JUN 27 1973

PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle; grade; date; hospital or medical facility)	REGISTER NO.	WARD NO.
---	--------------	----------

24 05 81
 00-10-71
 519-100
 LEROY P. PORSE
 24-05-81
 10-16-73
 RADIOGRAPHIC REPORTS

E-7

HOSPITAL ADMISSION (MANIFOLD)

PHS-484-1
REV. 9-64

US PHS Hospital, New Orleans, La. (003)

CLINICAL RECORD BRIEF

1. LAST NAME, FIRST, MIDDLE PORSS, LEROY EVALD		2. BENEFICIARY—CODE AS	3. SERVICE—WARD 4W ORTH	4. UNIT RECORD NO 24 05 31
5. LOCAL ADDRESS (NO STREET) c/o Mr Lester V. Porss Pine Terrace Apts, Highland Falls, N.Y.		PHONE NUMBER Listed	6. DATE & HR. ADMITTED JUN 12, 1971	7. REFERRED FROM direct
8. PERMANENT ADDRESS (NO. STREET, CITY, COUNTY, STATE, ZIP CODE) Same # 5		9. DATE OF BIRTH Dec 27, 1948	10. AGE 42	11. SEX M
12. BIRTHPLACE AND CITIZENSHIP Estonia USA		17. SERVICE IN U.S. ARMED FORCES USA Korean War		
13. SOCIAL SECURITY NO. 127 24 2220	14. IDENTIFICATION NO.	15. MARITAL STATUS Divorced	16. RELIGION Lutheran	
18. AUTHORITY FOR ADMISSION HC, injured on vessel				
19. RATING OR OCCUPATION AE		20. NAME OF VESSEL OR EMPLOYER OVERSEAS ALEUTIAN		21. DATE LAST SERVICE Jun 12, 1971
22. NEXT OF KIN Mr Michael Porss	RELATIONSHIP Son (10)	ADDRESS Mrs Tiia Porss (Mother) 1821 S. 59th Court, Cicero, Ill		PHONE NUMBER
23. PERSON TO BE NOTIFIED IN EMERGENCY Mrs Lester V. Porss	RELATIONSHIP Cousin	ADDRESS same # 5		PHONE NUMBER
24. LAST TREATED THIS HOSPITAL None		25. PRIOR HOSPITALIZATION LAST 12 MONTHS—HOSPITAL NAME, CITY, AND DATES (OTHER THAN THIS HOSPITAL) None		
26. FATHER'S NAME Isak Porss (lv)		27. MOTHER'S MAIDEN NAME Akiliina Rahu (lv)		28. ADMITTING PHYSICIAN Berry
30. THIS HOSPITAL MAY COMMUNICATE WITH THE PERSONS LISTED IN CASE OF EMERGENCY AND, WHEN NECESSARY, IN CONNECTION WITH MY TREATMENT AND DISCHARGE FROM THIS HOSPITAL.		SIGNATURE OF PATIENT		
31. ESTABLISHED DIAGNOSES (INCLUDING COMPLICATIONS) Ania Lumbosand Soma.				32. DIAGNOSIS S46
33. OPERATIONS C				34. DATE 6/12/71
35. OPERATION				
36. DISPOSITION (CHECK ONE) DISCHARGED <input checked="" type="checkbox"/> DIED <input type="checkbox"/> LEFT AMA <input type="checkbox"/> AUTOPSY <input type="checkbox"/> ANGEL <input type="checkbox"/> NO AUTOPSY <input type="checkbox"/> TRANSFERRED TO		37. MEDICAL RECOMMENDATIONS FOR PHYSICAL ACTIVITY NEED FEA		38. CANCER THERAPY CHEMOTHERAPY <input type="checkbox"/> RADIATION <input type="checkbox"/> BOTH <input type="checkbox"/>
39. LENGTH OF HOSPITALIZATION ADMISSION DATE 6/12/71 DISCHARGE DATE 6/18/71 TOTAL DAYS STAY 6		40. POSTOPERATIVE INFECTION YES <input type="checkbox"/> NO <input type="checkbox"/>		
41. ADVERSE DRUG REACTION? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> DRUG(S)		43. CHIEF OF SERVICE DATE PUBLIC HEALTH SERVICE HOSPITAL NEW ORLEANS LA. LA		44. REVIEWED BY [Signature]
42. WARD SURGEON [Signature]				

Standard Form 502
Rev. August 1954
By Bureau of the Budget
Circular A-32

CLINICAL RECORD		NARRATIVE SUMMARY	
DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED	
6/12/71	6/18/71	6	
(Sign and date at end of narrative)			

DIAGNOSIS:

Acute lumbosacral strain

HISTORY:

Patient is an adult, Caucasian male, American seaman who states that one week prior to admission, while aboard ship, he developed low back pain, secondary to lifting; there was no radiation of the pain.

PHYSICAL EXAMINATION:

On admission showed a straight low back, with listing to the left, and right paravertebral muscle spasm. Ankle jerks and knee jerks were normal; no atrophy. Sensation to pin prick was intact. Heel-toe walking was intact, within normal limits, without weakness. There was decreased, painful range of motion of the lumbosacral spine.

LABORATORY DATA:

Xrays of lumbosacral spine were normal; VDRL was nonreactive. Urinalysis normal. CBC: white count 6,000, hematocrit 47%.

HOSPITAL COURSE:

Patient was hospitalized and placed at bed rest, given analgesics and muscle relaxants, at which time patient had a gradual improvement in his symptomatology.

York.

Following 5 days of hospitalization, patient was discharged, to return to his home in New

DISPOSITION:

NOT FIT FOR DUTY.

Followup locally in New York.

Medications: APC codeine.

RH/eor

(Use additional sheets of this form (Standard Form 502) if more space is required.)

DATE OF ADMISSION 6/18/71	IDENTIFICATION NO.	ORGANIZATION AS
DATE OF DISCHARGE 6/21/71	REGISTER NO. 240581	WARD NO. 4 West ORTH

PATIENT'S IDENTIFICATION: For typed or written entries give: Name (last, first, middle; grade, date, hospital or medical facility)

PORAS, LEROY E.
USPHS HOSPITAL, NEW ORLEANS, LA.

NARRATIVE SUMMARY

Standard Form 502
502-108-04

S. PUBLIC HEALTH SERVICE HOSPITAL
210 STATE ST., NEW ORLEANS 18, LA.

CLINICAL RECORD

HISTORY—Part I

NATURE AND DURATION OF COMPLAINTS (Include circumstance of admission)

Low back pain

HISTORY OF PRESENT ILLNESSES

42 yo WM AS who states he was pulling on a heavy line on ship on June 8th when suddenly he had the sensation of something "giving way" = pain in his low back on the (R). Pain is constant ache = sharp pain on walking. Pain occasionally radiates down (R) thigh.

U. S. PUBLIC HEALTH SERVICE HOSPITAL
210 STATE ST., NEW ORLEANS 18, LA.

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

Porss, Leroy
24 05 81 06-12-71
PORSS, LEROY EVALD
AS 12-27-43 M

U. S. PUBLIC HEALTH SERVICE HOSPITAL
210 STATE ST., NEW ORLEANS 18, LA

HISTORY—Part I
Standard Form 504
504-105

3

CLINICAL RECORD	HISTORY—Part 2
PAST HISTORY	
INSTRUCTIONS.—Include (1) OCCUPATION (Civilian and military), (2) MILITARY HISTORY (Include geographic locations and dates), (3) HABITS (Alcohol, tobacco, and drugs), (4) FAMILY HISTORY, (5) CHILDHOOD ILLNESSES, (6) ADULT ILLNESSES, (7) OPERATIONS, (8) INJURIES, and (9) DRUG SENSITIVITIES AND ALLERGIC REACTIONS.	

Physical Exam

Gen - W.D. W.M. in good health & oriented.

HEENT - PERRLA. Fundi neg. Seen @ neck (submandibular)

Chest - clear

Heart - KRR S@. PMB not ↑

Abd - Ok, soft & palpable masses

Urine - 0

Gen - Normal uncirc. 0

Rect - Normal ex & apt prostate ↑ 1+ nodules.

Back - @ paravertebral tenderness & spasms L-S area

Ext - 0 edema

Neuro - 2+ DTR's. LL & pinprick. II-XII intact.

Sp: C-5 strain

no disc rupture

UHL 11-7 6-11-71

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name, last, first, middle, grade, date, hospital or medical duty)

REGISTER NO.

WARD NO.

Forss, Leroy, E

24 05 81 06-12-71
FORSS, LEROY EVALD
A5 12-27-43 M

HISTORY (Parts 2 and 3)
U. S. PUBLIC HEALTH SERVICE HOSPITAL
210 STATE ST., NEW ORLEANS 18, LA.
Standard Form 505
505-105

4

CLINICAL RECORD

HISTORY—Part 2

PAST HISTORY

INSTRUCTIONS.—Include (1) OCCUPATION (Civilian and military), (2) MILITARY HISTORY (Include geographic locations and dates), (3) HABITS (Alcohol, tobacco, and drugs), (4) FAMILY HISTORY, (5) CHILDHOOD ILLNESSES, (6) ADULT ILLNESSES, (7) OPERATIONS, (8) INJURIES, and (9) DRUG SENSITIVITIES AND ALLERGIC REACTIONS.

- ① AS - dishhand
- ② USA - '51-'52. Korea
- ③ - smoke. Light ETOH, - mals
- ④ Mother has A.B.P. - diabetes, TB, Ca.
- ⑤ UCHD
- ⑥ - serious
- ⑦ Cyt drained @ neck age 7
- ⑧ Shrapnel wound LCE ~~neck~~ age 12.
- ⑨ None known

U. S. PUBLIC HEALTH SERVICE HOSPITAL
210 STATE ST., NEW ORLEANS 18, LA.

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle, grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

Pared, Gray

24 05 81 06-12-71
PORSE, LEE Y EVALD
AS 12-27--d M

U. S. PUBLIC HEALTH SERVICE HOSPITAL
210 STATE ST., NEW ORLEANS 18, LA.

HISTORY (Parts 2 and 3)
Standard Form 505
505-105

5

HISTORY—Part 3

SYSTEM REVIEW

INSTRUCTIONS.—Include (1) GENERAL, (2) HEAD [including (3) EYE, (4) EAR, (5) NOSE and (6) THROAT], (7) NECK, (8) RESPIRATORY, (9) CARDIOVASCULAR, (10) GASTROINTESTINAL, (11) GENITO-URINARY [and (12) GYNECOLOGICAL], (13) HEMOPOIETIC, (14) LYMPHATIC, (15) MUSCULO-SKELETAL and (16) NEURO-PSYCHIATRIC SYSTEMS.

- (1) Good
- (2) 8 severe HA's
- (3) Reading glasses
- (4) Pt think he may have ed. & R ear
- (5) -
- (6,7) -
- (8) - hemoptysis, pneumonia chest pain
- (9) - 4 or 5 heart disease
- (10) - hematemesis, N. V, ileus, jaundice, rectal bleed. Constipation for many years.
- (11) Gonorrhea x 5-6. - hematuria, dysuria, straining. Rx'd = penicillin
- (12) - malarial
- (13) -
- (14) -
- (15) Only PI
- (16) - Convulsions, syncope, mental illness

U. S. PUBLIC HEALTH SERVICE HOSPITAL
210 STATE ST., NEW ORLEANS 18, LA.

SIGNATURE OF PHYSICIAN

Chabot 116

DATE

6-14-71

6 Pages, Leray

CLINICAL RECORD		DOCTOR'S PROGRESS NOTES (Sign all notes)	
DATE	6/12/71 0044 E.R.	CC	low back pain x 8 days. brought on by heavy lifting. states that something gave way while lifting. Pain relieved by being recumbent. Has not been taking any med for pain.
		P.E.	B/P 124/90. P-80. T-98.4
		Imp: Acute Lumbar-Sacral Strain Refer to M.O. R. Garner M.D.	
		NOTE ABOVE	
		Patient has been improving last several days.	
		-Tenderness @ Sacroiliac area, minor SAEAD.	
		LEG SINDICATE L & R ASUSC.	
		No DEFECUS -	
		Imp: Low Back Strain	
		Rx: MCM BMD	
		From Bed	
		Heat	
		UFFD TIM MEX. ORTHO	

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

PORSS
~~PORSS~~, Leroy E.
 AS1 0213 0672 Dec 28
 PORSS, LEROY EVALD
 AS 12-27-48 M

DOCTOR'S PROGRESS NOTES
 Standard Form 509
 May 1969 (Rev. 1)
 U. S. PUBLIC HEALTH SERVICE HOSPITAL
 210 STATE ST., NEW ORLEANS 18, LA.
 Medical Services Admin. &
 Agency Comm. on Med. Res.
 509-10*

CLINICAL RECORD		DOCTOR'S PROGRESS NOTES (Sign all notes)	
DATE			
6/12/71	<p>BAN</p> <p>1 wk H&CRP 5 Radiation</p> <p>2° lifting strain</p> <p>Exam - STOMACH CB / PSI to (c)</p> <p>(N) paravert spasm.</p> <p>AS - RJ 2+ =</p> <p>δ Atrophy</p> <p>SS intact</p> <p>HT WNL</p> <p>1/2 Mm CS Spine</p> <p>Antic LS STRAIN</p> <p>BA</p> <p>X-ray</p> <p>Transfer Mon to NV</p> <p><i>[Signature]</i></p>		
6/17/71	<p><u>Discharge</u></p> <p>LS strain</p> <p>Local thn</p> <p><i>[Signature]</i></p>		

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

Forss, Leroy E

REGISTER NO.

WARD NO.

U. S. PUBLIC HEALTH SERVICE HOSPITAL
210 STATE ST., NEW ORLEANS 18, LA.

24 05 81 06-12-71
FORSS, LEROY EVALD
AS 12-27-48 M

DOCTOR'S PROGRESS NOTES
Standard Form 500
May 1969 (Rev. 1)
General Services Admin. &
Int. Agency Comm. on Med. Recor
500-107

EXHIBIT C

E-16
DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

CERTIFICATION - TRUE PHOTOCOPIES OF CLINICAL RECORDS

Having been designated as local custodian of the clinical records
of the New York United States
(Station Name)
Public Health Service Outpatient Clinic, U.S.
(Hospital or Station)
Department of Health, Education, and Welfare, pursuant to 42 Code
of Federal Regulations 1.107 (d), I hereby certify that the attached
documents, consisting of 80 pages, are true photocopies of
clinical records pertaining to PORSS, LeRoy Evald and
that the originals of said records are in the files of the said
OUTPATIENT CLINIC
(Hospital or Station)

NOVEMBER 15, 1974
(Date)



LeRoy A. Howell
(Signature)

LeRoy A. Howell, Supervisor,
Medical Record Department

(Title of Certifying Officer)

USPHS OUTPATIENT CLINIC
245 WEST HOUSTON ST.
NEW YORK, NEW YORK 10014

(Hospital or Station)

E-17

PATIENT RECORD		MANIFEST	
1. NAME		3. REGISTER NUMBER	4. REGISTER DATE
1. NAME: LEROY E. VAID		3. REGISTER NUMBER: 235-675	4. REGISTER DATE: 11-11-1965
2. HOME ADDRESS: STREET OR RFD NO., CITY, STATE, ZIP CODE, EXTENSION		5. LOCATION-OUTPATIENT CLINIC	6. ADMISSION DATE
2. HOME ADDRESS: 246 VERGIL PLACE BX NEW YORK		5. LOCATION-OUTPATIENT CLINIC: 67 HUDSON ST NYC	6. ADMISSION DATE: MAR 01 11 1965
7. DATE OF BIRTH (LAST BIRTHDAY)	8. PLACE OF BIRTH	10. SEX	11. MARITAL STATUS
7. DATE OF BIRTH: 12-27-1928	8. PLACE OF BIRTH: ESTONIA	10. SEX: M	11. MARITAL STATUS: S
12. NAME OF VESSEL, EMPLOYER OR AGENCY (IF USMANTO), CHECK DEPENDENCY AND ONE NAME, TITLE AND SERVICE OF EMPLOYED PERSON(S)			
12. NAME OF VESSEL: TING AS AD			
13. RATING OR OCCUPATION			
13. RATING OR OCCUPATION: AS			
14. PREVIOUS (UP A MISSION) (IF YES, GIVE DATE) 17. AUTHORITY FOR ADMISSION			
14. PREVIOUS (UP A MISSION) (IF YES, GIVE DATE): CC 719 K			
18. DATE	19. VERIFICATION OF ELIGIBILITY AND BENEFICIARY CHANGES		SIGNATURE
18. DATE: JUN-6-69	19. VERIFICATION OF ELIGIBILITY AND BENEFICIARY CHANGES: S/S LINFIELD VICTORY 2/25/69-5/26/69 (DISCH.)		SIGNATURE: AS
18. DATE: "	19. VERIFICATION OF ELIGIBILITY AND BENEFICIARY CHANGES: SAME ADDRESS AS ITEM 4 ABOVE		SIGNATURE: Hayne
18. DATE: JUN-17-70	19. VERIFICATION OF ELIGIBILITY AND BENEFICIARY CHANGES: S/S STEEL WORKER 8-27-69 TO 1-7-70 (D) UNION REGISTRATION DFD		SIGNATURE: SIMMONS
18. DATE: JAN-23-70	19. VERIFICATION OF ELIGIBILITY AND BENEFICIARY CHANGES: ELLG AS/		SIGNATURE: SIMMONS
18. DATE: 6-21-71	19. VERIFICATION OF ELIGIBILITY AND BENEFICIARY CHANGES: NEW ADDRESS: 246 WOODWORTH AVENUE, YONKERS, NEW YORK		SIGNATURE: AS/ELIG/HAYNE
18. DATE: 6-21-71	19. VERIFICATION OF ELIGIBILITY AND BENEFICIARY CHANGES: S/S OVERSEAS ALUTIAN PATIENT CLAIMS INJURED ABOARD ABOVE VESSEL 6-8-71, WAS HOSPITALIZED AT USPHS, NEW ORLEANS, LA. ON 6-12-71 TO 6-19-71, CLAIMS M.C. AT THAT FACILITY, SE 544 ATTACHED.		SIGNATURE: AS/ELIG/HAYNE
18. DATE: 3/16/73	19. VERIFICATION OF ELIGIBILITY AND BENEFICIARY CHANGES: S/S Longview Victory 11/20/72 to 3/9/73 (M.C)		SIGNATURE: Jorgel
18. DATE: 11/9/73	19. VERIFICATION OF ELIGIBILITY AND BENEFICIARY CHANGES: Same address as 6/21/71 (16/line) Jorgel		SIGNATURE: Jorgel
18. DATE: 11/9/73	19. VERIFICATION OF ELIGIBILITY AND BENEFICIARY CHANGES: S/S JEFF DAVIS 6/11/73 to 11/2/73 (ID)		SIGNATURE: Jorgel
18. DATE: 9/30/74	19. VERIFICATION OF ELIGIBILITY AND BENEFICIARY CHANGES: Same address as 6/21/71		SIGNATURE: Jorgel
18. DATE: 9/30/74	19. VERIFICATION OF ELIGIBILITY AND BENEFICIARY CHANGES: S/S ARIZPA 6/17/74 to 9/21/74 (ID)		SIGNATURE: Jorgel
18. DATE: 9/30/74	19. VERIFICATION OF ELIGIBILITY AND BENEFICIARY CHANGES: Same address as 6/21/71		SIGNATURE: Jorgel

USPHS Outpatient Clinic

245 West Houston Street

New York, New York 10014

Leroy E. Pass

(CONTINUE ON REVERSE)

E-18

CLINICAL HISTORY

MAR 11 1966

EXAM UNIT

PE AB 1st x

MAR 24 1966

PE AB 2nd x

Rpt 1449 pulse 80

Hearing - normal

Skinner Test - normal

Visual Acuity O 4 2/30 OS 5/30

J. McF. H.

EXAMINED AND
MEDICALLY PASSED

WALK-IN

GENERAL CLINIC

MAR 6 1969

HT 182 Temp 98.6 Wt 146 P 68

constipation long duration. Ashen

for medication. Flimsy

cc. black, hard stool x 24 cm

when you pain

but has also dz. no str.

O/A

UGI

Dr. p. defecate

negative about

NFD

Chase

6/16

REC 5 day after UGI (Continue on reverse side)

PATIENT'S IDENTIFICATION (For a card or written entries give Ward, Unit, first, middle, last, date, hospital or medical facility)

REGISTER NO.

235 975

WARD NO.

USPHS Outpatient Clinic
245 West Houston Street
New York, New York 10014

DOCTOR'S PROGRESS NOTES
Standard Form 509
500-1061

2

DOCTOR'S PROGRESS NOTES

(Sign all notes)

DATE: JUN 18 1958
 GENERAL CLINIC
 Follow up qE return —
 WNL

My heart is big — dis. sent to

Diagnosis

FFD

ATC pan

Wt 194 1/2 BP 130/90 P64 T97.8

Return to clinic back on January 1958

9/10/58

MADE OUTPATIENTS 011816

155 Houston Street

New York 10014

DOCTOR'S PROGRESS NOTES

Standard Form 100

(Revised 1-54)

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES

(Sign all notes)

DATE

6/1/70 RT clonus. He had clonus from
and pain all over the body
off + on x 6 months
He clonus the pain
but no prodrom
But some prodrom
not pain
then he had clonus

E.K.B.
7/1/70

7/1/70
Clonus prodrom

RT T. C. L.

WFO

RTZ July 1, 1970

WFO

GENERAL CLINIC

JUL 1 1970

RT. He has pain in back
in a chair. Rpt. 134 pain in T12
Wt. 197

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; gender, date, hospital or medical facility)

(Continue on reverse side)

USPHS Outpatient Clinic
245 West Houston Street
New York, New York 10014

REGISTER NO.

235-075

WARD NO.

DOCTOR'S PROGRESS NOTES
Standard Form 309
509

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES
(Sign all notes)

DATE

7/15/70

(4) 6 pills for breakfast 9 AM

(5) RTC 2 weeks

K. Lowenthal

GENERAL CLINIC

JUL 29 1970

Doing very well. I have noticed
Did not take any pills. No
epigastric discomfort.
Dry above
Dry GFD

(2) Phenytoin 15 mg TID (#90)

(3) Mylan 11 capsules TID (200)

(4) RTC 1 pm

K. Lowenthal

GENERAL CLINIC

WALK-IN

Pt. states he "sprayed
his back" couple weeks ago
while pulling up heavy cable
was hired by New Orleans L.S.S.
a drag of L.S.S. 6/2/70 - 6/18/70
Had back pain & (R) vertebra
with infection (Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - Last, First,
middle, gender, date, hospital or medical facility)

REGISTER NO.

235075

WARD NO.

DOCTOR'S PROGRESS NOTES
Standard Form 509
509-106

USPHS Outpatient Clinic
245 West Houston Street
New York, New York 1001

DOCTOR'S PROGRESS NOTES

(Signatures)

DATE	
6/14/77	<p>Pt. (R) sacro-coccyx muscle tender</p> <p>Full spinal flexion</p> <p>SLR 50° to 60°</p> <p>OTR 50° symmetrical</p> <p>to 60° palpable</p> <p>Eng 155 - regular</p> <p>Relief 1150</p> <p>P.T.</p> <p>Neck - Volume</p> <p>REC 4 wk</p>

GENERAL CLINIC

6/19/77

Pt. continues to do

essentially the same. Coccyx

Pain now radiates down both

legs & now getting pain

to back of head & neck

Also 10° flexion weakness

Pt. Full spinal flexion

SLR 50° to 70°

OTR 50° symmetrical

135 075

USPHS Outpatient Clinic
 245 West Houston Street
 New York, New York 10014

DOCTOR'S PROGRESS NOTES
 Standard Form 509
 (Reverse)

7

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES

(Sign all notes)

DATE

8/19/77

Continued

Imp LSS
Dsp: NIED

R/O conversion Rx

Ortho consult

Ortho PT

R/O conversion Rx
R/O ortho

K. Oram

MEDICAL CLINIC
AUG 8 1977

ORTHOPEDICS

Ortho consult this date
noted. No ortho or neurological
findings.Imp LSS - resolved.
Dsp: FFD
Librium 10mg bid
Rtc prn

K. Oram

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first,
middle, grade, date, hospital or medical facility)

REGISTER NO.

235-075

WARD NO.

DOCTOR'S PROGRESS NOTES

Standard Form 100

May 1969 - Rev. 1

General Services Administration

See ARJEN Catalog on Med Records

168-10

USPHS Outpatient Clinic
245 West Houston Street
New York, New York 10014

DOCTOR'S PROGRESS NOTES
(Sign all notes)

DATE

GENERAL CLINIC

SEP 7 1971

WALKER

Re: upper than lower trunk
 1st 2-3 weeks. Unusually
 side to side. Also some
 pain. No sci.

Re: upper trunk. 4-5
 weeks. No sci.
 Old. Old. to RA

Dip. Clin.

RT 29/16/71

NF

etc.

G/H

GENERAL CLINIC

SEP 16 1971

Re: not actual pain. ST. Hosp.
 Still has persistent back pain. with sci.
 sci. No sci. (C) dist. pain. Not
 localized to T 4-5. post
 Old. Old.
 Co. no sci. sci.

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES

(Sign all notes)

DATE 9/21/77
 D. B. F.
 BTC Mark
 Throm Sp
 CBC
 9/21/77
 B. F.

GENERAL CLINIC

SEP 24 1977

Still has persistent cough
 S. on relief drug but still has
 coughing fits especially at night
 but probably some in breath

9/24/77

→ D. B. F. Int Dpd - left finger (bx)
 B. F. DTC Monday 9/27/77
 B. F. changed

GENERAL CLINIC

SEP 27 1977

Still has persistent coughing
 S. on relief drug but still has
 coughing fits especially at night
 but probably some in breath
 B. F. DTC Monday 9/27/77
 B. F. changed

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first,
 middle, grade, date, hospital or medical facility)

REGISTER NO.

WARD NO.

USPRS Outpatient Clinic
 245 West Houston Street
 New York, New York 10014

DOCTOR'S PROGRESS NOTES

Standard

May 1977

General Services Agency

Int. Admin. Control. on Me.

10014

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES

DATE

10/21/71

NAME

Randy

Initial

M D

GENERAL CLINIC

Nov 23 1971

Cough and cold at present

76.5 at night

Amenorrhea past a few months

Went online (NH) X Some weeks the

Amenorrhea has been well D/C

Still has a period - brown color

Dep. M.D.

R.T.C. 4 weeks

Dep. M.D. 7 weeks

E.S. 4 weeks

M D

Nov 23 1971

GENERAL CLINIC

State that Bud has been 4 weeks

suffering from the back - system

Bones - Pain does not radiate to back

Cough and cold - Non-productive

Dep. M.D. 7 weeks, M.S.L.T., and

NF

V.T.C. 4 weeks

(Continue on reverse side)

PATIENT'S IDENTIFICATION (Last, first, or middle initial; date of birth; name of hospital or medical facility)

REGISTER NO.

235 075

WARD NO.

DOCTOR'S PROGRESS NOTES

Standard Form 109

May 1969 (Rev.)

General Services Admin. &

Inc. Agency Comm. on Med. Records

109-107

USPHS Outpatient Clinic
245 West Houston Street
New York, New York 10014

12

DOCTOR'S PROGRESS NOTES
(Sign all notes)

DATE

12/21/72
 11/1/72
 Back pain present as before. P. 1 still
 sleep for needs. Has had 1 cough
 one do. Cough with a loud & aggressive
 character. condition.

L. C. Sch

D. J. N. F.

DTC - 3. recd.

G. M. L. W.

BENTLEY CLINIC

PATIENT NAME

GENERAL CLINIC

Cough has passed one. Cough few days.
 Feet well & present. Still has some.

Cough had some to left shoulder of (P)
 legs. Walking seems to start.

LS. X. 27/11 was with 201 do
 and for 1 week to report the plan.

U.S. GOVERNMENT PRINTING OFFICE: 1969 O-385-725

USPHS Outpatient Clinic
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235075 DOCTOR'S PROGRESS NOTES
 Standard Form 509
 (Reverse)

13

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES

(Sign all notes)

DATE 1/17/72 Dy NF
2/15 RTC 3rd floor

GENERAL CLINIC

FEB 23 1972

PATIENT DID NOT KEEP APPT.

GENERAL CLINIC

FEB 25 1972

E. Gue Gue's same as before
with occasional mild pain across the
back.
Left to hospital

Dy NF
with mild cost
RTC - after consult
Vib

3-10-72
72

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first,
middle, grade, date, hospital or medical facility)

REGISTER NO.

WARD NO.

235075

235 075

POR55, LEROY EYALD

AS 12-27-28 M

USPHS Outpatient Clinic
245 West Houston Street
New York, New York 10014

DOCTOR'S PROGRESS NOTES

Standard Form 509

May 1969 (Rev.)

General Services Admin. &

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109-107

14

DOCTOR'S PROGRESS NOTES
(Standard Form 100-10)

DATE

MAR 10 1972

Oral consult note
 CS consult recommended a total hip
 to be performed

Dr. FFD
 RTC - Good
 CS consult

Q/M

MAR 10 1972

RT continue to explain V. p. p.
 A. W. G. B. B. be seen in the
 small room in the medical wing

Dr. FFD
 RTC - OK

Q/M

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES
(Type all notes)

WALK-IN

JUL 20 1972

GENERAL CLINIC

This H. B. is a male with hx of
Chronic LS strain 9/6
Back pain in lower
w/ intermittent sharp
straining changes
E. is stable

NEED LOTA

Drop Chronic LS strain
Olan Tylenol
R.P.C. 1 month

GENERAL CLINIC

AUG 17 1972

Came letter from orthopedist
Dr. Carl Sanner 79 Lafayette Ave
Bklyn saying he has permanent
partial disability. Drop NPTD

NY
A
20
11
10
11
10

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries only: Name - last, first, middle, grade, date, hospital or medical facility)

REGISTER NO.

235975

WARD NO.

DOCTOR'S PROGRESS NOTES

Standard Form 100
May 1969 (Rev.)General Services Admin. &
Int. Agency Comm. on Med. Records
109-102

USPHS Outpatient Clinic
245 West Houston Street
New York, New York 10014

16

DOCTOR'S PROGRESS NOTES

(Sign all notes)

DATE

8/17/72

incorporate photostats
of letter into chart
Wash

GENERAL CLINIC

SEP 2 6 572

- FFD
- order #6 1-5 cases

Wash

FFD
#6 LScanned
RV 3 min
Wash

Chad

USPHS Outpatient Clinic
246 West Houston Street
New York, New York 10014

235075 DOCTOR'S PROGRESS NOTES
Standard Form 109
(Reverse)

17

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES
(Sign all notes)

WALK-IN

DATE

BR 11/80 199 P 68 4-9-84
chest pain for 3-4 months

GENERAL CLINIC

history of twisting
Sometimes (H) Indigestion
Non-pleuritic

Otolaryng

Resp. - EKG

CXR

will examine after

EKG, CXR, chest X-ray

Findings here

Neck - FROM

lungs - clear

No pain

carotid - normal

abdomen - soft

liver, spleen

bowels - normal

History of pain when lifting &
using chest muscles but not
any other kind of exercise
suggests musculoskeletal pain

90/5

PATIENT IDENTIFICATION (For all printed or written entries give: Name - last, first,
middle, grade, date, hospital or medical facility)

REGISTER NO.

WARD NO.

as dx

Resp

10/5/80
R. H. H. H.

DOCTOR'S PROGRESS NOTES

273312

Went to Scott

Trunk tip 4.1
#100

Signature

DOCTOR'S PROGRESS NOTES

(Sign all notes)

DATE

3/16/73

addendum

also cond plans that (R)

Hum 18 point smells

no mpy 200-44

F 100M

Resp - 100 ship

sails

No R Washore

GENERAL CLINIC

APR 9 1973

BP 188 3/4 110 200

BP 116/80, wgt 188 3/4 110 T98 464

bre (R) Thunke for 3 m the direction

WALK-IN

still a run in (R) Humm

17 point

Nym to absent smells
still tenderX-ray -
ultrasound
H2OUSPIS Outpatient Clinic
245 West Houston Street
New York, New York 10014

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235 075

DOCTOR'S PROGRESS NOTES

Standard Form 509

(Reverse)

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CLINICAL RECORD

DOCTOR'S PROGRESS NOTES
(Sign all notes)

4/2/73 BV 3 weeks
WPAH

GENERAL CLINIC

APR 23 1973

Same pharyngeal pain

PE - No sig inflammation
in Rom

Imp - (1) OMA
(2) RZ 3 wks
(3) Sore, ASA Am

GENERAL CLINIC

MAY 1 1973

44yo male contusion (R) thumb
No fracture - Not been getting

- 4/30/73

Thumb feels improved
want to go
Alc (contusion on thumb) - Hiker

PATIENT IDENTIFICATION (For typed or written entries give: Name—last, first, middle, grade, date, hospital or medical facility)

REGISTER NO.

235 075

WARD NO.

USPHS Outpatient Clinic
245 East Houston Street
New York, New York 10014

DOCTOR'S PROGRESS NOTES

Standard Form 109
May 1969 (Rev.)General Services Admin. &
Int. Agency Comm. on Med. Records
109-107

DOCTOR'S PROGRESS NOTES

(Sign all notes)

DATE

5/14/53

Imp @ Contract @ Home
② H/o 6:50 pm

43302

5

Dep. 433059 ③ ? Location
over

433860

Mills Moravia

Tylenol 325 mg

11:45 pm

10:00 pm

PM #250

#60
Meth. 10:00 pm

433861

Talk re. should have

Peters pm

Peters

USMS Outpatient Clinic
243 West Houston Street
New York, New York 10014
235 075DOCTOR'S PROGRESS NOTES
Standard Form 109
(Reverse)

21

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES

(Sign all notes)

DATE

WALK-IN**GENERAL CLINIC**

NOV 9 1973

wt. 186 B.P. 110/80 T. 97.5

cc passing clamps in both legs & feet X 3 me

Pulses - D.P.P.T. good in both feet

Wakes up - cramp in foot - N/A every day - muscles not painful

No numbness or tingling in feet etc

NFFD

Cramps in feet

PT - whirlpool
RV 2 weeks**WALK-IN****GENERAL CLINIC**

NOV 16 1973

T - 98.4 P - 68 B.P. - 120/90 - wt. - 187

Patient want medication
refill also BP checkup

Was told his BP was too low S. L. Chap

Wants vitamins
Cramps gone

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade, date, hospital or medical facility)

REGISTER NO.

WARD NO.

USPHS Outpatient Clinic
245 West Houston Street
Brooklyn, New York 10014Cont. PT
Mullerthum (T)
#100
RV 2 weeks

DOCTOR'S PROGRESS NOTES

Standard Form 509
(May 1962 (Rev. 1))General Services Admin. &
Int. Agency Comm. on Med. Records
509-107

22

E-39

DOCTOR'S PROGRESS NOTES
(Sign all notes)

DATE

GENERAL CLINIC

NOV 28 1973

Cramps have disappeared

1. phenol 1.0 BID prn
bush prn #100

FFD

AD prn

5663

[Signature]

GENERAL CLINIC

NOV 30 1973

cancelled

GENERAL CLINIC

JAN 19 1974

7 - 98 - 0 - 70 - BP-110/84 - Wt 193

Patient state he needs
medication for Lower back
Pains.

[Signature]

WALK-IN

USPHE Department Clinic
215 West Houston Street
New York, New York 10014
212 075

DOCTOR'S PROGRESS NOTES
Standard Form 409
(Reverse)

23

E-40

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES

(Sign all notes)

DATE

1/16/74

#1 - needs needed for low back pain
 Patient injured back on ship 2-3 years
 ago - needs tylenol -

X-ray 1972 @ for minimal osteoarthritis L5/S1

tylenol #1 tabs P.O. Q4h PRN
 back pain #60 660354

FFD
 MC PRN

60/S
 1272303

WALK-IN

T 98.4 P 72 BP 104/80 Wt 195

pt complains of "lower back pain"

APR 2 1974

GENERAL CLINIC

#1 needs needed for low back pain

X-ray 1972 @ for minimal osteoarthritis
 low back pain - change of weather

tylenol #1 tabs P.O. Q4h PRN #90

Chlor 312 #60 660353

FFD
 MC PRN 660354

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give Name, Age, Sex, middle, grade, date, hospital or medical center)

REGISTER NO.

WARD NO.

235075

TYLEN

D. S. S.

TABS 32

CAPS 100

90/2

100/10

100/10

50/6

100/10

USPS Outpatient
 245 West Houston Street
 New York, New York 10014

DOCTOR'S PROGRESS NOTES

Standard Form 100

May 1969 (Rev.)

General Services Admin. &

Int. Agency Comm. on Med. Records

100-107

E-41

DOCTOR'S PROGRESS NOTES
(Sign all notes)

DATE

WALK-IN
MAY 10 1974
GENERAL CLINIC

Wt 192 1/2 T 98.4 BP 100/70 P 80

Lower back pain 3 yrs - usually
like medicationby hands - hands
wedge for low back pain - especially 2
back musclesTylenol 11 tabs 800 mg each
Report x - now 2-5 spine
etc (P.W.)TYLENOL
TABS
32 MG
90/2

ffo

Kane

WALK-IN
MAY 10 1974
GENERAL CLINIC

Wt 197 BP 120/80 P 88 T 98.7

cc. Lower back pain

PT started to have low back pain
againfly ex - low back paraplegia
neural ex - noneUSPHS Outpatient Clinic
245 E 86th St
New York, New York 10014DOCTOR'S PROGRESS NOTES
Standard Form 109
(Revised)

25

E-42

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES

(Sign all notes)

DATE _____

21 30 74

١٥٦

TVL CL
TASS
325-114
60-8
0974-12

Re: INFFD 2 weeks

3905

7) Tytuł 327-2-6

3 / Exercise

12/13/20

007 1 5 1974

GENERAL CLINIC

17 feels better, still has low

back pain but not sharp as before

$\mu_g \rightarrow \mu_{\text{max}}$

~~where ex - 2 and~~

1950

55

M
 T. 1. 1. CL
 T. 1. 1. S.
 325 4 1/2
 69/5
 0076 1/2

W. H. F. D.

C51-12

2/ Tylenol 3252 tablets

for 3 min

petr is 3 mark

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO

REGISTER NO. 235070

WARD NO

USPIS Outpatient Clinic
245 West Houston Street
New York, New York 10014

DOCTOR'S PROGRESS NOTES
Standard Form 509
May 1962 (Rev.)
General Services Admin. &
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509-1-67

Standard Form 50

May 1969 (Rev. 1-6-68)

General Services Admin.
Agency for the Deaf, Bldg. 1000

102-197

9

26

E-43

U.S. GOVERNMENT PRINTING OFFICE: 1961 O-354374

CLINICAL RECORD

CONSULTATION SHEET

TO: <i>Dr. J. J. [illegible]</i>	REQUEST FROM: <i>(Physician, nurse, or other staff)</i> <i>[illegible]</i>	DATE OF REQUEST <i>2/25/59</i>
REASON FOR REQUEST (Complete and brief)		

*Permitted to Sp. to leave unit
and home*

PROVISIONAL DIAGNOSIS	DOCTOR'S SIGNATURE <i>[Signature]</i>	APPROVED <i>[Signature]</i>	PLACE OF CONSULTATION <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL	<input type="checkbox"/> EMERGENCY <input type="checkbox"/> ROUTINE
-----------------------	--	--------------------------------	--	--

CONSULTATION REPORT

This patient was last examined by me on 8-6-71 for evaluation of low back pain secondary to injury sustained on 6-8-71. It was my impression at that time that the patient had achieved a low back status which responded to treatment and that he was fit for duty. He has not worked but continues to complain of low back pain with occasional radiation to the testicles.

ORTHopedic Examination: At my request 7-8-71 there were no objective findings. The patient was seated, bended and got in and out of the examining table with great facility.

(Continued on reverse side)

SIGNATURE AND TITLE <i>[Signature]</i>	DATE <i>3-10-71</i>	IDENTIFICATION NO.	ORGANIZATION
PATIENT'S IDENTIFICATION (Name - last, first, middle; grade, date, hospital or medical facility)		REGISTER NO.	WARD NO.

FORSE, LEROY WILCO
AS 12-37-53
USPHS Outpatient Clinic
245 West Houston Street
New York, New York 10012

CONSULTATION SHEET
Standard Form 513
51-10101

10/11 The trunk is not extracted in any
kind and there is no parasitoid inside

[redacted] is negative
 [redacted] is negative

Yours very truly

No other collection present

The patient is SFD

The Bureau subjective complaint on the
part of [redacted] will be included in
the patient file with a ~~low~~ low L-5
subjective when he returns to work. News-
paper circulation is also unable to "explain" the
circumstances to both parties. O.K.



USPHS Outpatient Clinic
245 West Houston Street
New York, New York 10014

235 078

28

E-45

(86)

Standard Form 513
August 1964
Revised 10-64
GPO: 1964 O-586377

U.S. GOVERNMENT PRINTING OFFICE: 1961 O-586377

CLINICAL RECORD

CONSULTATION SHEET

TO: *Dr. [illegible]* FROM: (Requesting word, unit, or activity) *NYO PC* DATE OF REQUEST *7/19/71*REASON FOR REQUEST (Complaints and findings)
*1st. fell 6 weeks ago & explained back. No improvement in 4 weeks of R.T. Minimal physical findings. Please incl.*PROVISIONAL DIAGNOSIS
*L5/S6*APPROVED: *[Signature]* PLACE OF CONSULTATION
☐ BEDSIDE ☐ ON CALL ☐ EMERGENCY ☐ ROUTINE

CONSULTATION REPORT

Patient states that on 6-8-71, he sustained a severe strain in the low back while pulling a "very heavy hose" aboard ship. He claims no improvement of pain in the low back in spite of rest and physiotherapy. Patient states that on examination, pain radiates to both groins and buttocks.

Examination. Patient walks with the cane but he does not appear to be in any discomfort. He moves around, dresses, undresses and gets on and off the examining table with great regularity. (over)

(Continued on reverse side)

DATE AND TIME: *8-6-71* IDENTIFICATION NO. *[illegible]* ORGANIZATION *[illegible]*REGISTER NO. *A.S. 235 075* WARD NO. *[illegible]*CONSULTATION SHEET
Standard Form 513
513-104USPHS Outpatient Clinic
245 West Houston Street
New York, New York 10014

(29)

E-47

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

FROM: *General*DATE OF REQUEST: *8/17/72*

CONSULTATION REPORT

9/26/72

HISTORY: This 43 year old seaman sustained an injury to his back on June 8, 1971. This injury occurred on board ship. He states that his back has troubled him ever since his accident, and he has not been able to return to duty since then. He was examined in consultation by Dr. Jeannopoulos, orthopedic surgeon on 2/25/72. At that time he felt that the patient was fit for duty and no orthopedic condition present at that time. However the patient persisted in his complaints and on 7/19/71 Dr. Jeannopoulos again examined him. Once again he felt that the patient had no orthopedic condition present but felt that he had recovered from a low back strain. He felt that the patient was fit for duty.

The patient submitted a report dated 4/24/72 by his own physician Dr. George Seaman. He submitted a page medical report. He did electrodiagnostic testing in April 1972 and he felt that he did not have a herniated disc. His diagnosis was chronic unstable low back. He felt that the patient had a permanent partial disability.

PHYSICAL EXAMINATION: The lumbar spine appear to be within normal limits.

PHYSICAL EXAMINATION: of the patient reveals some mild restriction of motion in the lumbar spine. Some tenderness posteriorly was present. Straight leg raising test was negative. Deep tendon reflexes are normal. Babinski test was negative. The patient walks somewhat slowly and was using a cane as he walked.

DISCUSSION: My impression is that this patient still has some residuals from his low back condition but I feel (Continued on reverse side) that he should return to work.

RECOMMENDATION: M. D. Orthopedic Consultant

REGISTER NO. **A.S. 235 075** WARD NO. **17**

CONSULTATION SHEET Standard Form 113 913-101

US Outpatient Clinic 245 West Houston Street New York, New York 10014

E-48

ROSS, LeRoy Ewald

A.S. 235 075

dictated by Dr. Magliato on
9/26/72

on a trial basis

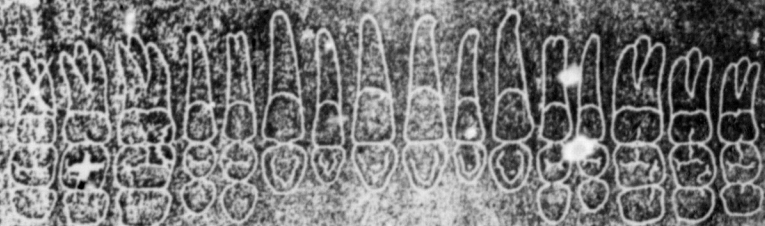
at this time using a lumbosacral corset for support. It does not appear that
surgery is indicated at this time but may be necessary at some point in the

Henry J. Magliato, M.D.
Orthopedic Consultant

USPMS Outpatient Clinic
245 West 40th Street
New York, New York 10014

235 075

DENTAL



2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

1. ROENTGENOGRAMS
☐ PERIAPICAL ☐ BITE WINGS ☐ OTHER _____
2. PERIODONTITIS
☐ INCIPENT ☐ MODERATE ☐ ADVANCED
3. CALCULUS
☐ LOCAL ☐ GENERAL
4. GINGIVAL PATHOLOGY
☐ SLIGHT ☐ MODERATE ☐ HEAVY
5. GINGIVITIS ☐ GINGIVITIS INFECTION
6. STOMATITIS (Specify) _____
7. DENTURE INDICATED (Indicate denture needed after indicated extraction) _____
- ☐ FULL UPPER ☐ FULL LOWER
- ☐ PARTIAL UPPER ☐ PARTIAL LOWER ☐ REPAIR
8. ABNORMALITIES OF OCCLUSION
 ANGLES CLASSIFICATION
- ☐ I ☐ II ☐ III
9. DENTAL CLASSIFICATION ☐ I ☐ II ☐ III

[illegible]

GENERAL HEALTH - good	[]
-otherwise	[]
Heart Disease	[]
Kidney Disease	[]
Liver Disease	[]
Diabetes	[]
Rheumatic Fever	[]
Allergies - Medications	

Negative Health Hx. []

14. SIGNATURE OF CLERK

Wach

3/16/53

1. NAME	2. SEX	3. RACE	4. AGE	5. SERVICE
6. ADDRESS	7. BIRTH DATE	8. BIRTH PLACE	9. BIRTH TIME	10. BIRTH TIME
11. BIRTH TIME	12. IDENTIFICATION NO.	13. REGISTER NO.	14. WARD NO.	

FORSE, LEROY DWALD
AS/197-37-28 M

USPAS Outpatient Clinic
245 West Houston Street
New York, New York 10014

DENTAL
Standard Form 583 (Rev.

E-50

INFORMATION FOR DENTAL SERVICE (to be filled in by referring agency)

1. PATIENT'S NAME

2. CHECK HERE IF HOSPITALIZED FOR DENTAL TREATMENT ONLY

3. DATE OF REFERRAL

4. REFERRING AGENCY

5. PHYSICIAN'S NAME

6. AUTHORIZATION

7. TREATMENT RECORD

8. SIGNATURE

9. DATE

10. TREATMENT RECORD

11. SIGNATURE

12. DATE

13. TREATMENT RECORD

14. SIGNATURE

15. DATE

16. TREATMENT RECORD

17. SIGNATURE

18. DATE

19. TREATMENT RECORD

20. SIGNATURE

21. DATE

22. TREATMENT RECORD

23. SIGNATURE

24. DATE

25. TREATMENT RECORD

26. SIGNATURE

27. DATE

28. DENTIST'S NAME
29. ADDRESS
30. CITY, STATE, ZIP

31. 235 675

32. 24

33. 235 075

E-51

Standard Form 520
Revised 10-64
NID-10-1-64
GPO: 1964 O-322

CLINICAL RECORD

ELECTROCARDIOGRAPHIC RECORD

PREVIOUS ECG

☒ YES ☐ NO

CLINICAL IMPRESSION

MEDICATION

☒ EMERGENCY

☐ MEDICAL

☒ ROUTINE

☐ AMBULATORY

AGE 41 SEX M RACE W HT 6'0" WT 135

SIGNATURE OF WARD PHYSICIAN

DATE

AXIS DEVIATION (°S)

RATES

AURIC

VENT

P WAVES

T WAVES

WITH-IN NORMAL LIMITS

Mark L. Solberg MD
CHIEF MEDICAL OFFICER

NO ECG 100

JUN 1970

PATIENT'S IDENTIFICATION (For typed or written entries give Name, Age, Sex, Race, Address, and other data, hospital or medical facility)

REGISTER NO.

WARD NO.

ELECTROCARDIOGRAPHIC RECORD

Standard Form 520

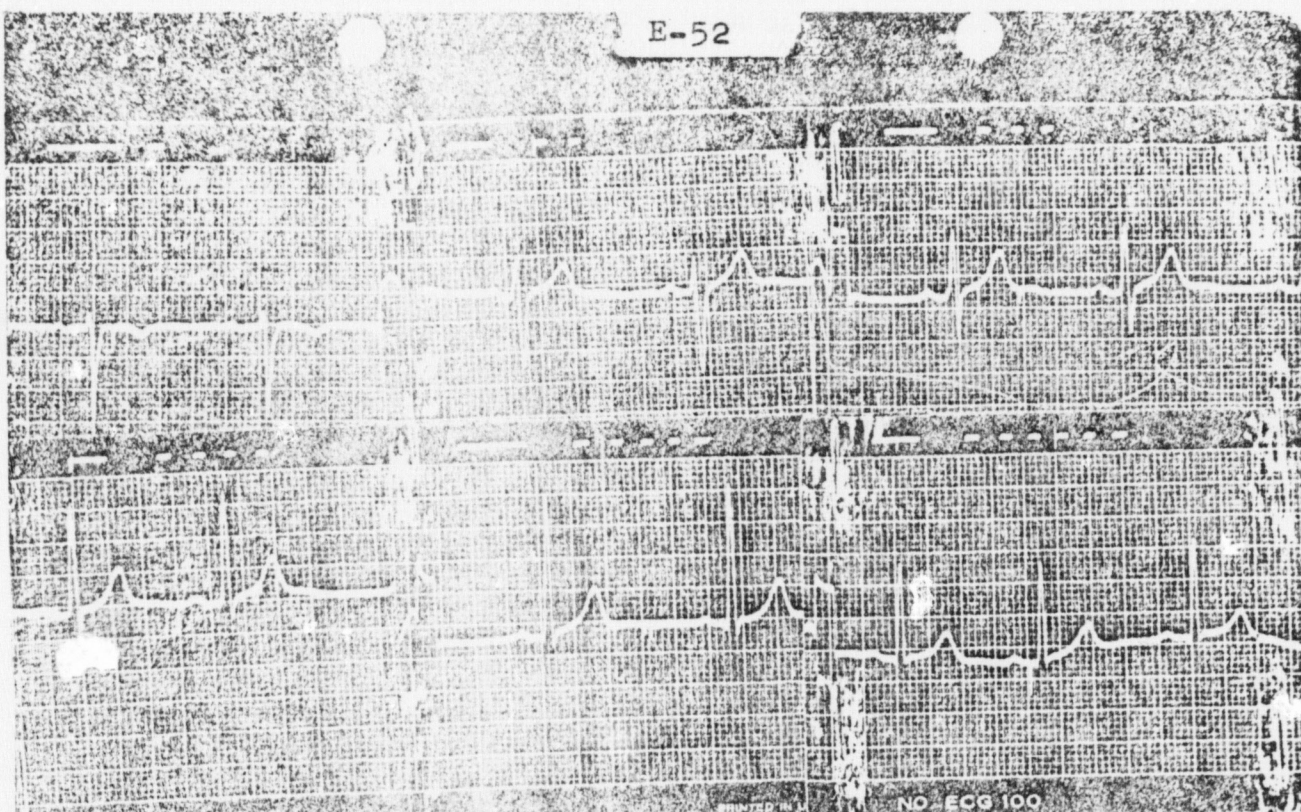
16-10-1

(All rights reserved)

USPHS Outpatient Clinic
245 West Houston Street
New York, New York 10014

35

E-52



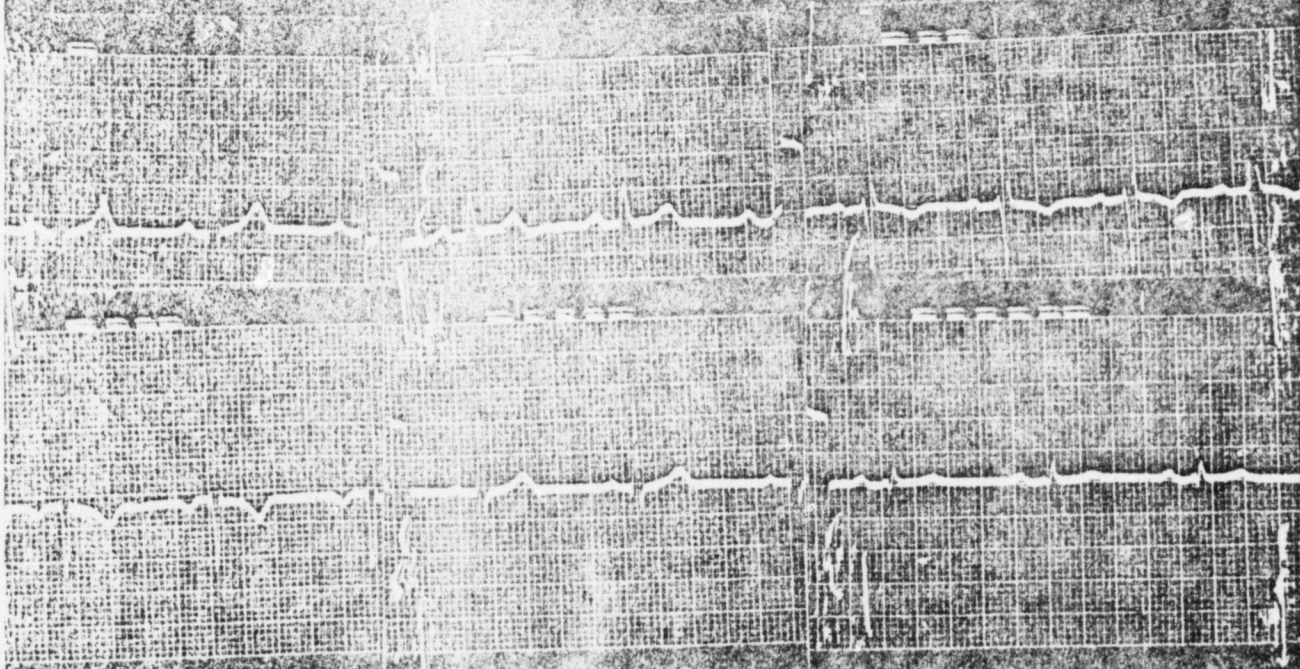
NO ECG 100

USPS Outpatient Clinic
215 West Houston Street
New York 10014

ECG 076
PORSS, LEROY EVALD
AS 12-27-28 N

E-53

CLINICAL RECORD		ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
DATE TIME LOCATION		MEDICATION		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<i>10-16-79</i>				<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
<i>P.H.</i>		SIGNATURE OF MD OR PHYSICIAN <i>[Signature]</i>		<input checked="" type="checkbox"/> ROUTINE	<input type="checkbox"/> AMBULANT
				DATE	
		AXIS DEVIATION (QRS)		RATE	
		P-R-T		ALTRIC	VENT
		P-R-T			
		T-WAVE			
PHYSICIAN'S SIGNATURE AND SEAL		NAMES			
<i>[Signature]</i>		<i>[Signature]</i>			



NO.		SIGNATURE OF PHYSICIAN	PATIENT'S IDENTIFICATION NO.	DATE 8-7-71
ECG				
PATIENT'S IDENTIFICATION (For use by the physician) Name Last, First, Middle Initial, Room No., Ward No., Hospital Facility			REGISTER NO.	WARD NO.

PERSS - LEROY EVALD
AS 12-27-28 X

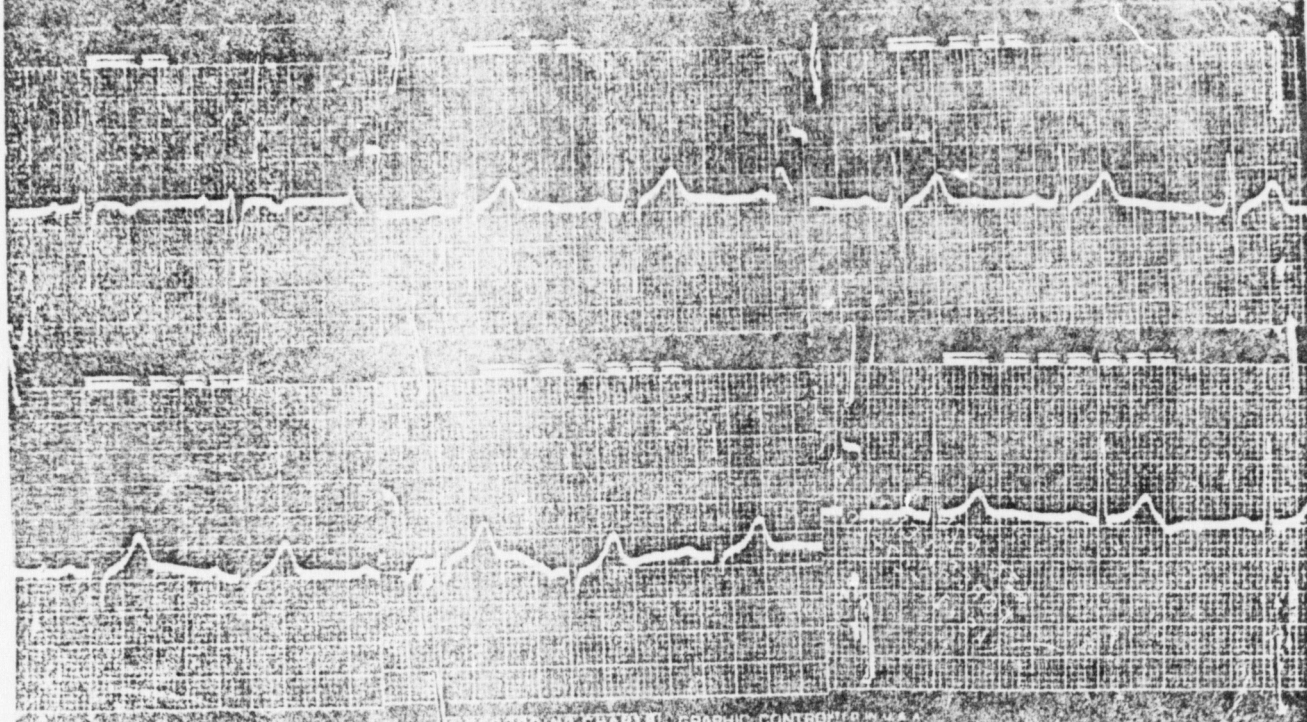
USPS Outpost Clinton
125 West Houston Street
New York, New York 10013

ELECTROCARDIOGRAPHIC RECORD
(Attach Tracings to SF-507)

Standard Form 520
Revised April 1968
U.S. Civil Service Administration &
U.S. Army Center for Medical Research
DA Form 101-1-100-1
GPO: 1968-116

37

E-54



POISSON LEROY

285075
H. L. LEROY
H. L. LEROY
H. L. LEROY

ECG CARDIOGRAPHIC RECORD

E-55

MUSKES OUTPATIENT CLINIC

NEW YORK, NEW YORK



Patient Name: *Porss*

Sex: *M* Date of Birth: *3/16/73*

Height: *5'10"* Weight: *175* lbs

Diagnosis and Medications:

INTERPRETATION

r *NSR*
↑ P-R

DATE: *3/16/73*

235 075

PORSS, LEROY EVALD

AS 12-27-28

N

MUSKES Outpatient Clinic
245 West Houston Street
New York, New York 10014

MAR 16 1973

M.D.

39

E-56

CLINICAL RECORD

PHYSICAL THERAPY

PHYSICAL FINDINGS AND DIAGNOSIS FOR PHYSICIAN TREATMENT REQUESTED

(R) Parapneumonic sacroiliac strain

OBJECTIVES OR GOALS OF TREATMENT

I Pain, I Rx

PRECAUTIONS OR SPECIAL INSTRUCTIONS

TREATMENT AND/OR THERAPY REQUESTED

Hot & Exercise

TREATMENT

MODE OF TREATMENT

THERAPY

THERAPY

THERAPY

THERAPY

THERAPY

THERAPY

THERAPY

THERAPY

PHYSICIAN SIGN HERE

SIGNATURE OF REFERRING PHYSICIAN

DATE

TREATMENT AND/OR THERAPY ADMINISTERED

2/11 Nothing to be done by E. J. Jorg

DATE

RECORD OF CHANGE OF TREATMENT

DOCTOR'S SIGNATURE

P.T.'S SIGNATURE

1/11

Cent. R. T.

Cran

J. Jorg

2/11

Re-evaluated therapy "per evaluation"

Cran

J. Jorg

3/11

Re-evaluated therapy "per evaluation"

Cran

J. Jorg

4/11

Re-evaluated therapy "per evaluation"

Cran

J. Jorg

5/11

Re-evaluated therapy "per evaluation"

Cran

J. Jorg

6/11

Re-evaluated therapy "per evaluation"

Cran

J. Jorg

7/11

Re-evaluated therapy "per evaluation"

Cran

J. Jorg

8/11

Re-evaluated therapy "per evaluation"

Cran

J. Jorg

9/11

Re-evaluated therapy "per evaluation"

Cran

J. Jorg

10/11

Re-evaluated therapy "per evaluation"

Cran

J. Jorg

11/11

Re-evaluated therapy "per evaluation"

Cran

J. Jorg

12/11

Re-evaluated therapy "per evaluation"

Cran

J. Jorg

1/12

Re-evaluated therapy "per evaluation"

Cran

J. Jorg

2/12

Re-evaluated therapy "per evaluation"

Cran

J. Jorg

3/12

Re-evaluated therapy "per evaluation"

Cran

J. Jorg

4/12

Re-evaluated therapy "per evaluation"

Cran

J. Jorg

5/12

Re-evaluated therapy "per evaluation"

Cran

J. Jorg

6/12

Re-evaluated therapy "per evaluation"

Cran

J. Jorg

7/12

Re-evaluated therapy "per evaluation"

Cran

J. Jorg

8/12

Re-evaluated therapy "per evaluation"

Cran

J. Jorg

9/12

Re-evaluated therapy "per evaluation"

Cran

J. Jorg

10/12

Re-evaluated therapy "per evaluation"

Cran

J. Jorg

11/12

Re-evaluated therapy "per evaluation"

Cran

J. Jorg

12/12

Re-evaluated therapy "per evaluation"

Cran

J. Jorg

1/13

Re-evaluated therapy "per evaluation"

Cran

J. Jorg

2/13

Re-evaluated therapy "per evaluation"

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J. Jorg

3/13

Re-evaluated therapy "per evaluation"

Cran

J. Jorg

4/13

Re-evaluated therapy "per evaluation"

Cran

J. Jorg

5/13

Re-evaluated therapy "per evaluation"

Cran

J. Jorg

6/13

Re-evaluated therapy "per evaluation"

Cran

J. Jorg

7/13

Re-evaluated therapy "per evaluation"

Cran

J. Jorg

8/13

Re-evaluated therapy "per evaluation"

Cran

J. Jorg

9/13

Re-evaluated therapy "per evaluation"

Cran

J. Jorg

PATIENT'S IDENTIFICATION (For typed or written entries give name, registration no., ward no., date, age, sex)

PORRIS, LEROY E.
12-27-28

285 075

USPHS Outpatient Clinic (see reverse side for continuation)
245 West Houston Street
New York, New York 10014
1-59
(FORMERLY PH-783)

2-1-71 → 8-5-71

PHYSICAL THERAPY

Total 13 Rx

40

J. Jorg

E-57

6-22-71

Home Program

- ① Lines to chest
- ② trunk free
- ③ lateral Sd up

F. Seay

6-30-71

W/C. Along spine, beam of light
by 10:00 a.m. lines to chest plus
not and last

F. Seay

7-20-71

Home Program

- ① Lines to chest
- ② flp trunk w chest
- ③ (Sitting) trunk

7-26-71

add lighting to 7-20-71 home
program

F. Seay
F. Seay

535075

10505 Outpatient Clinic
214 East Houston Street
New York, New York 10014



E-58

CLINICAL RECORD

PHYSICAL THERAPY

PHYSICAL FINDINGS AND DIAGNOSIS FOR WHICH TREATMENT REQUESTED

Contusion (R) I.P. joint. Flail

OBJECTIVES OR GOALS OF TREATMENT

Relieve

PRECAUTIONS OR SPECIAL INSTRUCTIONS

TREATMENT AND/OR TEST(S) REQUESTED

ultrasound
until ship sails - no R.J. measures

TREATMENTS PER WEEK 3	NO. OF WEEKS 3	PATIENT <input type="checkbox"/> IN-PATIENT <input type="checkbox"/> OUT-PATIENT	TO BE DONE: <input type="checkbox"/> IN CLINIC <input type="checkbox"/> ON WARD	<input type="checkbox"/> AMBULATORY <input type="checkbox"/> WHEEL CHAIR <input type="checkbox"/> LITTER	DATE(S) OF RETURN FOR DR'S APPT. (OUTPATIENT)
PHYSICIAN SIGN HERE			SIGNATURE OF REFERRING PHYSICIAN		DATE 3/16/73

TREATMENT AND/OR TEST(S) ADMINISTERED

3/19/73 Eval, whirlpool, dia cones, J. Switzer

DATE	RECORD OF CHANGE OF TREATMENT	DOCTOR'S SIGNATURE	P.T.'S SIGNATURE

RECORD OF ATTENDANCE (Therapist initial applicable dates)

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
MAR-73																															
April	21	22	23	24	25	26	27	28	29	30	31																				

PATIENT'S IDENTIFICATION (For typed or written entries give name, registered no., ward no., date, age, sex)

235 075

PORSS, LEROY EVALD

AS 12-27-28

USPS Outpatient Clinic

245 West 10th Street

New York, N.Y. 10014

245 West 10th Street

New York, N.Y. 10014

New York, N.Y. 10014

(Use reverse side for continuation)

3/16/73 → 4/20/73

PHYSICAL THERAPY

(14)

E-59

CLINICAL RECORD

PHYSICAL THERAPY

PHYSICAL FINDINGS AND DIAGNOSIS FOR WHICH TREATMENT REQUESTED

Muscle cramps in feet & ankle

OBJECTIVES OR GOALS OF TREATMENT

relief

PRECAUTIONS OR SPECIAL INSTRUCTIONS

0

TREATMENT AND/OR TESTS REQUESTED

w whirlpool

TREATMENTS PER WEEK 3	NO. OF WEEKS 2	PATIENT <input type="checkbox"/> IN-PATIENT <input type="checkbox"/> OUT-PATIENT	TO BE DONE <input type="checkbox"/> IN CLINIC <input type="checkbox"/> ON WARD	<input type="checkbox"/> AMBULATORY <input type="checkbox"/> WHEEL CHAIR <input type="checkbox"/> LITTER	DATE(S) OF RETURN FOR DR'S ADPT (OUTPATIENT)
--------------------------	-------------------	--	--	--	--

PHYSICIAN SIGN HERE

J. E. Egan

DATE

11/9/73

TREATMENT AND/OR TESTS ADMINISTERED

11/12/73 Eval whirlpool to feet & ankles

J. Egan

DATE	RECORD OF CHANGE OF TREATMENT	DOCTOR'S SIGNATURE	P.T.'S SIGNATURE
NOV	D/C PT disorder		Egan

RECORD OF ATTENDANCE (Therapist initial applicable dates)

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
NOV																															
DEC																															

PATIENT'S IDENTIFICATION (For typed or written entries give name, register no., ward no., date, age, sex)

235 075

PORSS LEROY

AS 12 27 28

 USPHS Outpatient Clinic
 245 West Houston Street
 New York 10014
 PHS-783
 REV. 1-68

11/12/73

L

3x

11/16/73

(reverse side for continuation)

PHYSICAL THERAPY

43

E-60

235 075

PORSS LEROY

AB 12 27 28

H

HSM-140-1
5-69PROGRESS REPORT -
PHYSICAL THERAPY AND
OCCUPATIONAL THERAPY

11-23-73

Blodman

ORIGINATING SERVICE

PATIENT'S IDENTIFICATION (For typed or written entries give name, register
no., ward no., date)

PROGRESS REPORT (Use reverse side for additional space)

11/21/73 Patient reports onset of cramps in feet
across dorsum and legs (ant tib + gastrocn)
both legs about 3-4 months ago. He reports that
his feet swell after standing for a long time. Reports
that he has begun to get cramps in both
upper extremities. What kind of both
feet.

11-23-73
245-185-41
New York

E-61

PORSS, LEON FALD AS 12-27-60		HSM 140- 2-41	PROGRESS REPORT PHYSICAL THERAPY AND OCCUPATIONAL THERAPY
USPHS Outpatient Clinic 245 East Houston Street New York, New York		DISSEMINATING SERVICE	
<p>While Patient's condition at I.H. is still about 3 months ago. Now complaining of foot swelling and weakness in legs. R.O. is discontinued. Weight 150 lbs. 65 years No evidence of swelling or weakness. They keep stronger quality. 75 lbs. No swelling in legs and feet.</p> <p>J. Deveson</p>			

E-62

Robert Levy E

235 075

HSM-140-1
1-69

PROGRESS REPORT-

USPES Outpatient Clinic AND
245 West Houston Street
New York, New York 10014

ORIGINATING SERVICE

PATIENT'S IDENTIFICATION (Printed or written name, date, room, register)

PROGRESS REPORT (Use reverse side for additional space)

8/11 Shk is before 75% \odot + 75% \odot gain on \odot
No gain in arm & leg. He actually feels
weaker. Still small spine makes him feel
better. Gut posture has improved being less
guarded.

USPES Outpatient Clinic
245 West Houston Street
New York, New York 10014

R. Levy

46

E-63

Porse, Leroy E

235 025

HSM-140-1
3-69

PROGRESS REPORT-
PHYSICAL THERAPY AND
OCCUPATIONAL THERAPY

7-14-71

ORIGINATING SERVICE

☐ P.T.

☐ O.T.

PATIENT'S IDENTIFICATION (For typed or printed entries give name, register
no., ward no., date)

PROGRESS REPORT (Use reverse side for additional space)

7-14-71 states no ~~marked~~ change in abn after 1 mo
of R. low R hip & thigh constant & increase on
walking & standing

[Signature]

USMC Outpatient Clinic
235 East Houston Street
New York, New York 10014

47

E-64

Parrs Leroy E
235 075

USPHS Outpatient Clinic
245 West Houston Street
New York, New York 10014

PROGRESS REPORT -
PHYSICAL THERAPY AND
OCCUPATIONAL THERAPY
July 1971 Sullivan

PATIENT'S IDENTIFICATION (For typed or written entries give name, register no., ward no., date)

ORIGINAL SERVICE

☒ P.T. ☐ O.T.

PROGRESS REPORT (Use reverse side for additional space)

6-21-71. Pt. reports injuring his low back when lifting on
6-8-71. Pt. now 40 years in low back (L4-L5) & occasional
pain in L5/S1 area (states he has pain in buttocks on weight
bearing) and reports vague radiation down lateral (L4) thigh.
Pt. exhibits normal ROM in trunk flex. & extension & lateral flex.
& internal rotation & lateral flex. Pt. reports pain in all
trunk planes, being more in L4-L5 lat. flex. SLR (L4) to 95° &
pain (L4) to 75° acute back pain. Passive full trunk flexion
with knee reflex present. Walks w/heelers 6 ft long. 6"
Painful Sit up through 73 ROM. For Surg (u8)

E-65

235 075
 PORSS, LEROY EVALD
 AD 12-27-28 H

9/17

REGISTERED OR UNIT NO.	WARD NO.	<input type="checkbox"/> BED PATIENT <input type="checkbox"/> AMBULATORY
REQUESTED BY AND DATE R. b. -	DATE AND TIME COLLECTED	
Clinical DATA admission	USERS Outpatient Cll 245 West Houston Str New York, New York 1	

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME

X R.B.C.	5,800	R.E.C.	
X DIFFERENTIAL COUNT		X HEMATOCRIT	42%
X NEUTROPHILS	52	X HEMOGLOBIN	14.2g/dl
X BASOPHILS		X BLEEDING TIME	
X LYMPHOCYTES		X COAGULATION TIME	
X MONOCYTES		BLOOD BIOCHEMISTRY: REMARKS	
X EOSINOPHILS			
X PLATELETS			
X RETICULOCYTE COUNT	14.1%	DATE OF REPORT 9/17/51	
		SIGNATURE (Specify Lab. if not part of requesting facility) (Signature)	
		NAME OF PHYSICIAN FACILITY	

Standard Form 514-B-Rev. Dec. 1944
 Bureau of the Census, Division A-10

HEMATOLOGY

225 076
ROSS, LEROY EVALD
AS, 12-27-28

075 075 PORSS, LEROY EVALD AS 12-27-28		REGISTER OR UNIT NO. WARD NO.		<input type="checkbox"/> BED PATIENT <input type="checkbox"/> AMBULATORY DATE OF REQUEST
PATIENT NAME - FIRST NAME - MIDDLE NAME COLOR APPEARANCE REACTION SPECIFIC GRAVITY ALBUMIN SUGAR ACETONE BILE		DATE, TIME, AND METHOD OF COLLECTION USHS Out-patient Clinic 255 East Houston Street New York 10014 MICROSCOPIC REMARKS Trichomonas seen S-C WBC Bact. Mod. Mucous Mod.		SIGNATURE (Specify Lab. if not part of requesting facility) NAME OF MEDICAL FACILITY

E-67

DR. H. J. TODAY

433 075
 FORBES, LEROY EYALD
 AS 12-27-26 N
 Outpatient Clinic
 245 West Houston Street
 New York, New York 10014

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

URIC ACID		TRANSAMINASE	
GLUCOSE			
CHOLESTEROL		X SGP 12-30-26	
CHLORIDE			
BILIRUBIN (TOTAL)			
BILIRUBIN (DIRECT)			
B.S.P.		REMARKS	
THYMOL TURBIDITY			
CEPHALIN FLOCCULATION	24 HR. 48 HR.		
PROTEIN TOTAL		DATE OF REPORT	SIGNATURE (Specify Lab. if not part of requesting facility)
ALBUMIN		9/28/51	
ALKALINE PHOSPHATASE	2.0 BU UNIT	NAME OF MEDICAL FACILITY	ST
ACID PHOSPHATASE			

Revised Form 154-B—Rev. June 1948
 Property of the United States Army

11 87 81

100. TECHNICAL BLOOD CHEMISTRY

E-68

REGISTER OR UNIT NO. <u>23775</u>		WARD NO. <u>9/27/77</u>	<input type="checkbox"/> BED PATIENT <input type="checkbox"/> AMBULATORY
REQUESTED BY AND DATE <u>S. Rubin 9/27/77</u>		DATE AND TIME <u>9/27/77</u>	
CLINICAL DATA			
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME <u>Parise, Leroy, Ed</u>			
EXAMINATION REQUESTED <u>Strep throat</u>			
SPECIMEN AND SOURCE <u>Throat</u>			
ANTIBIOTIC THERAPY <u>Penicillin</u>			
NAME OF MEDICAL FACILITY <u>St. Vincent's Hospital</u>			
NAME OF REPORTING PHYSICIAN <u>Dr. Rubin</u>			
NAME OF REPORTING NURSE <u>51</u>			

U.S. Outpatient Clinic
 15 West Houston Street
 New York, New York 10013

STANDARD FORM 514-K—REV. JUNE 1953
 BUREAU OF THE ARMY MEDICAL SERVICE

BACTERIOLOGY

E-69

235 C75 PORCS. LEROY EVA AS 11-27-28 USPHS Outpatient Clinic 245 West Houston Street New York, New York 10014		REGISTER OR UNIT NO. WARD NO. REQUESTED BY AND DATE CLINICAL DATA DATE AND TIME COLLECTED	<input type="checkbox"/> BED PATIENT <input checked="" type="checkbox"/> AMBULATORY
EXAMINATION REQUESTED REPORT GAS (AFB) & Fungi Anear heavy growth pus of many g+ls many g+ls, few g-b	SPECIMEN AND SOURCE Sputum Please send this report to 2nd floor (Clinical Laboratory) USPHS Outpatient Clinic 245 West Houston Street New York, New York 10014	ANTIBACTERIAL THERAPY	
No. 4872		DATE OF REPORT 12/1/28	SIGNATURE (S.O.B.) (Signature) Lab. if not part of request
Standard Form 514-M—Rev. June 1954 Bureau of the Census Circular 7-52		NAME OF MEDICAL FACILITY 53 BACTERIOLOGY	

E-70

814-1116-01

Clinical Lab.
575 West Houston St.

Perez, Leroy

USPHS Outpatient Clinic
245 West Houston Street
New York, New York 10014

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME

EXAMINATION REQUESTED

REPORT

TB CULTURE NEGATIVE

10 27

759

REGISTER OR UNIT NO. *235075*

REQUESTED BY AND DATE

CLINICAL DATA

DATE AND TIME COLLECTED

BED PATIENT

AMBULATORY

SPECIMEN AND SOURCE

ANTIBACTERIAL THERAPY

DATE OF REPORT

SIGNATURE (Scribble) *not part of requesting facility*

NAME OF HEALTH FACILITY

54

Standard Form 114-M - Rev. June 1956
Bureau of the Budget, Circular A-52

BACTERIOLOGY

E-71

235 075
PORSS, LEROY E VALD
AS 12-27-28 M

REGISTRATION NO.	WARD NO.	<input checked="" type="checkbox"/> REG. PATIENT <input type="checkbox"/> AMBULATORY
REQUESTED BY AND DATE <i>P. J. a</i>		DATE AND TIME COLLECTED

CLINICAL DATA
Borcht

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME

EXAMINATION REQUESTED
Tb culture

SPECIMEN SOURCE
Spich

ANTIBACTERIAL THERAPY

REPORT
TB CULTURE NEGATIVE

USPHS Outpatient Clinic
245 West Houston Street
New York, New York 10014

Please send this report to 2nd
floor (Clinical Laboratory)
USPHS Outpatient Clinic
245 West Houston Street
New York, New York 10014

842

DATE OF REPORT	SIGNATURE (Name of Lab. if not part of requesting facility) <i>de</i>
NAME OF MEDICAL FACILITY	

55

Standard Form 516 M - Rev. June 1959
Bureau of the Budget Circular W-32

BACTERIOLOGY

E-72

235 075
 PONS, LEROY EVALD
 AS 12-27-28 X

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME

UREA N	WGT	HT	TEMP	PULSE	B.P.
GLUCOSE					
CHOLESTEROL					
ESTERS					
BILIRUBIN (TOTAL)					
BILIRUBIN (DIRECT)					
B.S.P.					
THYMOL TURBIDITY					
CEPHALIN FLOCCULATION	24 HR.	48 HR.			
PROTEIN TOTAL					
ALBUMIN					
ALKALINE PHOSPHATASE	6.0 BU				
ACID PHOSPHATASE					

REGISTER OR UNIT NO.	WARD NO.	<input type="checkbox"/> BED PATIENT <input type="checkbox"/> AMBULATORY
REQUESTED BY AND DATE	DATE AND HOUR COLLECTED	
CLINICAL DATA		
<p>Result: conf</p> <p>X Cat 10 mgms/l.</p> <p>X SGOT 22 units -</p> <p>X Uric Acid 7.1 mgms/l</p>		
REMARKS		
DATE OF REPORT	SIGNATURE (Specify Lab, if not part of requesting facility)	
NAME OF MEDICAL FACILITY		56

235 075

PORSS, LEROY EYALD

AB 12-27-28

USPHS Outpatient Clinic
245 West Houston Street
New York, New York 10014

REGISTER OR UNIT NO.	WARD NO.	<input type="checkbox"/> BED PATIENT <input type="checkbox"/> AMBULATORY
REQUESTED BY <i>Ph</i>		DATE OF REQUEST

DATE, TIME, AND METHOD OF COLLECTION

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME

<input checked="" type="checkbox"/> COLOR, APPEARANCE	<i>Yellow</i>
<input checked="" type="checkbox"/> REACTION	<i>Acid</i>
<input checked="" type="checkbox"/> SPECIFIC GRAVITY	<i>1.015</i>
<input checked="" type="checkbox"/> ALBUMIN	<i>Negative</i>
<input checked="" type="checkbox"/> SUGAR	
<input checked="" type="checkbox"/> ACETONE	
<input checked="" type="checkbox"/> BILE	
<input checked="" type="checkbox"/> <i>Traces</i>	<i>Traces</i>

MICROSCOPIC REMARKS
2-4 WBC
Occ. Epith
Rare Mucus

DATE OF REPORT <i>12/27/28</i>	SIGNATURE OF SPECIALIST (If not printed, print name)
NAME OF MEDICAL FACILITY	

Standard Form 110-1-1 June 1939.
Bureau of Census, Circular A-32

UPINALIS

E-73

57

238 075

PORSS, LEROY EYALD

AS 12-27-58 N

USPMS Outpatient Clinic

245 West Houston St. 804

New York, New York

REGISTER OR UNIT NO.

WARD NO.

☐ BED PATIENT☐ AMBULATORY

ADMITTED BY AND DATE

DATE AND HOUR COLLECTED

PHYSICAL DATA

PATIENT'S LAST NAME-FIRST NAME

UREA N

GLUCOSE

CHOLESTEROL

ESTERS

BILIRUBIN (TOTAL)

BILIRUBIN (DIRECT)

B.S.P.

THYMOL TURBIDITY

CEPHALIN FLOCCULATION

PROTEIN TOTAL

ALBUMIN

ALKALINE PHOSPHATASE

ACID PHOSPHATASE

TRANSAMINASE

SGOT

SGPT

REMARKS

DATE OF REPORT

SIGNATURE (Specify Lab. if not part of reporting facility)

NAME OF MEDICAL FACILITY

Standard Form 514-D—Rev. June 1955
Bureau of the Budget Circular A-52

BLOOD CHEMISTRY

E-74

58

PORSE, LEROY EVALD
AS 12-27-28 M

UNITED NATIONS
245 West 45th Street
New York, New York 10011

AS 12-27-28		M		REGISTER OR UNIT NO.		WARD NO.		<input type="checkbox"/> BED PATIENT <input type="checkbox"/> AMBULATORY	
05715 6th Avenue 245 6th Avenue New York, N.Y. 10013				RECORDS FILED AND DATE <i>R.S.</i>		DATE AND TIME COLLECTED <i>12/27/28</i>			
PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME <i>5400</i>									
<input checked="" type="checkbox"/> W.B.C.		<i>5400</i>		<input type="checkbox"/> R.B.C.					
<input checked="" type="checkbox"/> DIFFERENTIAL COUNT		<i>52</i>		<input type="checkbox"/> MEMATOCYTE					
<input type="checkbox"/> NEUTROPHILES		<i>52</i>		<input type="checkbox"/> RETICULOCYTE					
<input type="checkbox"/> BLASTS				<input type="checkbox"/> BLEEDING TIME					
<input type="checkbox"/> MYELOCYTES				<input type="checkbox"/> COAGULATION TIME					
<input type="checkbox"/> BANDS				BLOOD MORPHOLOGY, REMARKS					
<input type="checkbox"/> LYMPHOCYTES		<i>43</i>							
<input type="checkbox"/> MONOCYTES		<i>9</i>							
<input type="checkbox"/> EOSINOPHILES		<i>1</i>							
<input type="checkbox"/> BASOPHILES									
<input type="checkbox"/> PLATELETS				DATE OF REPORT <i>12/27/28</i>		SIGNATURE OF PHYSICIAN (not part of record) <i>[Signature]</i>			
<input checked="" type="checkbox"/> SEDIMENTATION RATE		<i>18 mm/hr</i>		NAME OF MEDICAL FACILITY <i>59</i>					
<input type="checkbox"/> C.S.R.									

Standard Form 514-B—Rev. Dec. 1964
Bureau of the Budget Circular A-32

HEMATOLOGY

*Clinical Lab
235 West Houston St*

Perez, Larry

USERS: *CLINT*
235 West Houston St
New York, New York 10014

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME

EXAMINATION REQUESTED: *Aspergillus*

SPECIMEN AND SOURCE: *Sputum*

ANTIBACTERIAL THERAPY

DATE OF REPORT: *11/8/71*

SIGNATURE: *[Signature]*

NAME OF MEDICAL OFFICER: *[Signature]*

DATE AND TIME COLLECTED

CEDICAL DATA

REGISTERED UNIT NO. *235 075*

WARD NO.

☐ BED PATIENT

☐ AMBULATORY

No. 4873

Standard Form 514-M - Rev. June 1959
Bureau of the Budget Circular A-22

BACTERIOLOGY

E-76

PORSS, LEROY M.
12-27-28 235 075

REGISTER OR UNIT NO.	WARD NO.	<input type="checkbox"/> BED PATIENT
	old	<input type="checkbox"/> AMBULATORY
REQUESTED BY AND DATE		DATE COLLECTED
6/17/70 LIFCHUN		
CLINICAL DATE		

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME

☒ ROUTINE FLOCCULATION

☐ ROUTINE COMPLEMENT FIXATION

☐ OTHER (Specify)

REPORT

QWR

NON-REACTIVE

E-77

USPHS Outpatient Clinic
345 West Houston Street
New York, New York 10014

DATE OF REPORT	SIGNATURE (Specify Lab if not part of requesting facility)
6/17/70	<i>[Signature]</i>
NAME OF MEDICAL FACILITY	
LI	

Standard Form 344-C - Rev. June 1959
Bureau of the Budget Circular A-32

S.T.S.

3

PORSS, LEROY Z.
12-27-28 238 078

21 4a 10

REGISTER OR UNIT NO.	WARD NO.	<input type="checkbox"/> BED PATIENT
	040	<input type="checkbox"/> AMBULATORY
REQUESTED BY AND DATE	6/17/41 L.F. L. W. L.	
CLINICAL DATA	DATE AND TIME COLLECTED	

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME

WBC	6,250	RBC	
DIFFERENTIAL COUNT		HEMATOCRIT	41%
NEUTROPHILES	46	HEMOGLOBIN	15.2 gm/dl
BLASTS		BLEEDING TIME	
MYELOCYTES		COAGULATION TIME	
BANDS		BLOOD MORPHOLOGY, REMARKS	
LYMPHOCYTES	54		
MONOCYTES			
EOSINOPHILES			
BASOPHILES			
PLATELETS	Normal		
ESR	4 mm/hr		
C.S.R.	0 mm/hr		

USPHS Outpatient Clinic
245 West Houston Street
New York, New York 10014

DATE OF REPORT	SIGNATURE (Specify Lab. if not part of requesting facility)
6/23/41	ALBENGA
NAME OF MEDICAL FACILITY	

Standard Form 514-B - Rev. Dec. 1964
Bureau of the Budget Circular A-31

HEMATOLOGY

E-78

PORSS, LEROY E.
12-27-28 235 075

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME

X AREA N 170 MC 15%
X GLUCOSE FBST 2h PD
X CHOLESTEROL
X ESTERS 1-1 A.C.N.P.L.
X BILIRUBIN (TOTAL) 0
X BILIRUBIN (DIRECT) 0
P.S.P. USPHS Outpatient Clinic
THYMOL TURBIDITY 2.5 West Houston Street
CEPHALIN FLOCCULATION New York, New York 10014
PROTEIN TOTAL
ALBUMIN
ALKALINE PHOSPHATASE 3:0 BU
X ACID PHOSPHATASE 0:6 BU
BL-58-0-4

REGISTER OR UNIT NO.

WARD NO.

☐ BED PATIENT

☐ AMBULATORY

REQUESTED BY AND DATE

DATE AND HOUR COLLECTED

6/17/48 L.F. Hest
CLINICAL DATA

TRANSAMINASE

39.5 30 units
LO 28

REMARKS

Fast 100 mg. 10% NEG

DATE OF REPORT

24R 86

NAME OF MEDICAL FACILITY

M. ALBENGA

63

BLOOD CHEMISTRY

3-79

PORSS, LEROY E.
12-27-28 235 075

REGISTER OR UNIT NO.	WARD NO.	<input type="checkbox"/> BED PATIENT
REQUESTED BY AND DATE	DATE AND HOUR COLLECTED	
6/17/41 L.F.H.		

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

PROTHROMBIN TIME—PATIENT	17.5 SECONDS
CONTROL	15 "
CO ₂ COMBINING POWER	24
CHLORIDES	106
SODIUM	144
POTASSIUM	4.2
CALCIUM	9.5
PHOSPHORUS	6.5
URIC ACID	6.0
AMYLASE	

REMARKS
84% of normal
USPAS Outpatient Clinic
245 West Houston Street
New York, New York 10011
DATE OF REPORT
SIGNATURE (Specify Lab. if not part of reporting facility)
Y. ALBENGA
NAME OF MEDICAL FACILITY
MED. FOUNDATION

Standard Form 50-1 Rev. June 1950
Bureau of the Budget Circular A-32

SPECIAL CHEMISTRY

E-80

PARSS, LERAY E.
12-27-28 235015

REGISTER OR UNIT NO.		WARD NO.	<input type="checkbox"/> BED PATIENT <input type="checkbox"/> AMBULATORY
REQUESTED BY V. S. Hutz		DATE OF REQUEST 6-23-70	
DATE, TIME, AND METHOD OF COLLECTION 2 GLASS			
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME			
COLOR APPEARANCE	Clear	hazy	
REACTION	acid	acid	
SPECIFIC GRAVITY	1.024	1.025	
ALBUMIN	neg	neg	
SUGAR	neg	neg	
ACETONE	neg	neg	
BILE	neg	neg	
		MICROSCOPIC REMARKS	
		5-8 u AC 3-4 u BC occ. epth cell few epth cell	
		USPHS Outpatient Clinic 245 West Houston Street New York, New York 10014	
DATE OF REPORT 6-23		SIGNATURE (Specify Lab. & no. of request) BD	
NAME OF MEDICAL FACILITY H. ALBENGA		63	

Standard Form 514-A—Rev. June 1959.
U.S. GOVERNMENT PRINTING OFFICE: 1959 O - 348-221

91

E-81

URINALYSIS

PORSS, LEROY E.
12-C7-28

235 078

REGISTER OR UNIT NO.	WARD NO.	<input type="checkbox"/> INPATIENT
REQUESTED BY AND DATE	EXAM	<input type="checkbox"/> AMBULATORY
		DATE COLLECTED

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

☐ ROUTINE FLOCCULATION

☐ ROUTINE COMPLEMENT FIXATION

USPHS Outpatient Clinic
245 West Houston Street
New York, New York 10014

VDRL NON REACTIVE

Wazs NON

DATE OF REPORT 3/14/66
SIGNATURE [Signature] Medical Technician

Standard Form 514-C—Rev. June 1958
Bureau of the Budget Circular A 82

U.S. G.P.O. 1965 O-782-692

S.T.S.

E-82

PORES, LEOPOLD 12-27-28 236 075		REQUESTED BY DATE, TIME, AND METHOD		MED. PATIENT AMBULANCE	
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME		DATE, TIME, AND METHOD		UNIT	
COLOR-APPEARANCE		MICROSCOPIC REMARKS			
REACTION		Micro 3 Outpatient Clinic 24 West Houston Street New York, N.Y. 10014			
SPECIFIC GRAVITY	1.020				
ALBUMIN	None				
SUGAR					
ACETONE					
BILE					
		DATE REPORT MAR 1 1958			
		SIGNATURE (Specify Lab. if not part of Name of Facility) AL. ALBEMAN Medical Technician			
		NAME OF MEDICAL FACILITY 627			

STANDARD FORM 514-A—REV. JUNE 1959.
 BUREAU OF THE BUDGET-CIRCULAR A-32

★ GPO: 1964-741-472

URINALYSIS

E-83

PATIENT'S LAST NAME-FIRST NAME-MIDDLE NAME

235 075

PORSS, LEROY
AS 12 27 28 B

(Above space for patient's signature, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

Boysen

REGISTER NO.

WARD NO.

AGE

SEX

(Check one)

☒ RESIDE, WHEEL
OR STRETCHER

☐ BED

☐ PATIENT

☐ FOOT

EDUCATION

REQUEST

Outpatient Clinic

Houston Street

New York 10014

DATE 5/13/74

FILM NO.

RADIOGRAPHIC REPORT

DATE OF REPORT

5/13/74 L S SPINE: No significant abnormality is observed. AV:t1 5/13

USPHS Outpatient Clinic
245 West Houston Street
New York, New York 10014

E-84

SIGNATURE (Specify location of laboratory if not part of requesting facility)

[Signature]

Standard Form 100A (Rev. Aug. 1954)
Prescribed by Bureau of the Budget
Circular A-11

RADIOGRAPHIC REPORT

48

PATIENT'S LAST NAME-FIRST NAME-MIDDLE NAME		REGISTER NO.	WARD NO.
235 375 FORSS, LEROY EYALD AS 12-27-28		AGE	SEX
FEB 25 1972		(Check one) <input type="checkbox"/> BEARING, WHEELCHAIR, OR STRETCHER <input type="checkbox"/> BED PATIENT <input type="checkbox"/> AMBULATORY	
PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROFESSIONAL DIAGNOSIS		EXAMINATION REQUESTED L-Spine	
(Above space for mechanical imprinting, if used)		REQUESTED BY RJS	DATE OF REQUEST 2/25/72
FILM NO. 1		DATE OF REPORT	
RADIOGRAPHIC REPORT			
2/25/72 L S SPINE: Very minimal osteoarthritic changes are noted. AV:t1 2/28			
USPHS Outpatient Clinic 245 West Houston Street New York, New York 10014			
7C2 A1-245 West Houston Street New York, New York 10014 (NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)		SIGNATURE: (Specify location of laboratory if not part of requesting facility) Wassilios Standard Form 519A (Rev. Aug. 1954) Promulgated By Bureau of the Budget Circular A-32 (Rev.) RADIOGRAPHIC REPORT 519-207-01	

E-85

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME		REGISTER NO.	WARD NO.
PORSS, LEROY EVALD		235 075	
AS 12-27-28 M		AGE	SEX
		<input type="checkbox"/> RADIOGRAPHIC	<input type="checkbox"/> RADIOGRAPHIC
		<input type="checkbox"/> RADIOGRAPHIC	<input type="checkbox"/> RADIOGRAPHIC
EXAMINATION REQUESTED		DATE OF REQUEST	
T-Spine		9/17/71	
REQUESTED BY		DATE OF REPORT	
Rib-			
(Above space for electronic imprinting, if used)			
PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS			
<p><i>In localized over T-7-5 spine and Cervical</i> <i>cough 5 spots</i></p>			
FILM NO.		DATE OF REPORT	
RADIOGRAPHIC REPORT			
<p>9/17/71 T SPINE: Minimal osteoarthritic changes are noted. AV:t1 9/20</p>			
SIGNATURE: (Specify location of laboratory, if not part of requesting hospital)		Standard Form 575A (Rev. Aug. 1954)	
<p><i>AC</i></p>		Promulgated By Bureau of the Budget	
USPHS Outpatient Clinic		Circ. A-32 (Rev.)	
245 West Houston Street		RADIOGRAPHIC REPORT	
New York, New York 10014		519-207-01	
NAME OF HOSPITAL OR OTHER MEDICAL			

E-86

PATIENT'S NAME - FIRST NAME - MIDDLE NAME - LAST NAME		REGISTER NO.	GROUP NO.
POSS. LEROY EYALD			
AS 12-27-28 H			
AGE	SEX	(Check one)	
		<input checked="" type="checkbox"/> UPRIGHT, WHEN LOADING <input type="checkbox"/> STRETCHED <input type="checkbox"/> SEATED <input type="checkbox"/> SUPINE	
EXAMINATION REQUESTED		DATE OF REQUEST	
Lumbosacral spine		7/19/71	
REQUESTED			
TREATMENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS AND PROVISIONAL DIAGNOSIS			
Lumbosacral spine - Cont pain since fall			
FILM NO.		DATE OF REPORT	
7/19/71		7/20/71	
RADIOGRAPHIC REPORT			
7/19/71 LUMBOSACRAL SPINE: No significant abnormality is observed.			
ZM:jhp - 7/20/71			
USPHS Outpatient Clinic 245 West Houston Street New York, New York 10014			
SIGNATURE: (Specify location of laboratory if not part of requesting facility)		Standard Form 519A (Rev. Aug. 1954) Promulgated By Bureau of the Budget Circular A-32 (Rev.) RADIOGRAPHIC REPORT 519-207-01	
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY) Local			

E-87

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME		REGISTER NO.	WARD NO.
235 075 PORSS, LEROY EYALD		AGE	SEX (Check one)
AS 12-27-28		<input checked="" type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
		<input type="checkbox"/> WHEELCHAIR OR STRETCHER	<input type="checkbox"/> BED PATIENT
		<input type="checkbox"/> AMBULATORY	
EXAMINATION REQUESTED		DATE OF REQUEST	
Chest PA		11/23/71	
REQUESTED BY			
NOV 23			

(Above space for mechanical imaging, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

Cough present - no fever - lab - aspergillus found a few alb

FILM NO.	DATE OF REPORT

CHEST: No significant pulmonary or cardiac abnormality is observed.

NORMAL CHEST

MC-2

Lucas Outpatient Clinic
245 West Houston Street
New York New York 10014

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

SIGNATURE: *[Signature]*

(Specify location of laboratory if not part of requesting facility)

Standard Form 519A (Rev. Aug. 1954)
Promulgated By Bureau of the Budget
Circular A-32 (Rev.)
RADIOGRAPHIC REPORT
519-207-01

E-88

72

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME

635 075
PORSS, JEROY E VALD
AS 12-27-80 N

REGISTER NO.

WARD NO.

AGE

SEX

(Check one)

☐ DEPENDENT, WHEELCHAIR
OR STICKS

☐ NOT
PATIENT

☐ AMBULATORY

EXAMINATION REQUESTED

REQUESTED BY

DATE OF REQUEST

SEP 82 1971

(Above space for mechanical treatment, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

④ ppa c persulted with

FILM NO.

RADIOGRAPHIC REPORT

DATE OF REPORT

CHEST: No significant pulmonary or cardiac abnormality

USPHS Outpatient Clinic

245 West Houston Street

NORMAL CHEST New York, New York 10014

USPHS Outpatient Clinic

245 West Houston Street

New York, New York 10014

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 519A (Rev. Aug. 1954)

Prescribed By Bureau of the Budget

Circular A-32 (Rev.)

RADIOGRAPHIC REPORT

519-207-01

E-89

73

PATIENT'S NAME (LAST, FIRST, MIDDLE NAME)		REGISTER NO.	WARD NO.
D. J. Long		235-075	
DATE	TIME	EXAMINER	EXAMINER
SEP 24 1951	11:00	W. J. A. A.	W. J. A. A.
PHYSICIAN'S NAME		DATE OF EXAMINATION	
J. H. Long		9/24/51	
SPECIAL INSTRUCTIONS (e.g., "X-ray of hip joint") X-ray of hip joint			
SIGNATURE (Physician) J. H. Long			
SIGNATURE (Requesting Facility) W. J. A. A.			
NAME OF HOSPITAL OR OTHER MEDICAL FACILITY St. Joseph's Hospital		ADDRESS 245 West Houston Street Houston, Texas 77001	
RADIOGRAPHIC REPORT 512-207-01		74	

E-90

[illegible]

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME <i>Forss, Leroy Evald</i>		REGISTER NO. <i>204</i>	WARD NO.
AGE <i>AS 12-27-28</i>	SEX <i>M</i>	<input checked="" type="checkbox"/> BEDSIDE WHEELCHAIR <input type="checkbox"/> STRETCHER <input type="checkbox"/> PATIENT MANEUVERING	
EXAMINER <i>Chert</i>		REQUESTED BY <i>Chert</i>	DATE OF REQUEST <i>3/16/73</i>
RADIOGRAPHIC HISTORY, OPERATION, PHYSICAL FINDINGS AND PROVISIONAL DIAGNOSIS <i>Chest pm</i>			
RADIOGRAPHIC REPORT		DATE OF REPORT	
3/16/73 CHEST: The lung fields are clear. The heart is unremarkable. Normal chest. NFB:tl 3/19			
USEPHS Outpatient Clinic 245 West Houston Street New York, New York 10014			
NAME OF HOSPITAL OR OTHER MEDICAL FACILITY <i>MC-2</i>		SIGNATURE (Specify location of laboratory if not part of requesting facility) <i>W. E. Barton, M.D., F.A.C.R.</i>	
Standard Form 519A (Rev. Aug. 1954) Promulgated by Bureau of the Budget Circular A-32 (Rev. 1) RADIOGRAPHIC REPORT 519-207-01			

E-92

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME

435 075

PORSS, LEROY EVALD

AS 12-27-28 M

REGISTER NO.

WARD NO.

AGE

SEX

Check one

☐ SKIN: ANTERIOR

☐ SKIN: POSTERIOR

☐ SKIN: LATERAL

EXAMINATION REQUESTED

REQUESTED

SEP 7 1971

(Above space for mechanical fluoroscopy, if used)

CERTAINLY CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FILM NO.

RADIOGRAPHIC REPORT

DATE OF REPORT

CHEST: No significant pulmonary or cardiac abnormality is observed.

NORMAL CHEST

UPPMS Outpatient Clinic
245 West Houston Street
New York, New York 10014

W. F. Bartorelli M.D. F.A.C.R.

SIGNATURE (Specify location of film)

M.C.-2

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

Standard Form 517A (Rev. 1-1958)

Prescribed by Bureau of Radiology

Circular A-3 (Rev. 1-1958)

RADIOGRAPHIC REPORT

519-207-01

E-93

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME

PORSS, LEROY E.
12-27-28 235 075

REGISTER NO.

235075

WARD NO.

0 PD

AGE

SEX

(Check one)

41 M

☐ RADIOL. OVERLAP
OR STRETCHES

☐ MD
PHYSICIAN

☒ RADIATION

EXAMINATION REQUESTED

CHEST PA + LAT

REQUESTED BY

Life Insurance

DATE OF REQUEST

6/17/70

(Above space for mechanical imprinting, if used)

JUN 17 1970

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

None

FILM NO.

DATE OF REPORT

RADIOGRAPHIC REPORT

6/17/70 CHEST: The lung fields are clear. The heart is unremarkable. AV:t1

6/18/70

USPHS Outpatient Clinic
245 West Houston Street
New York, New York 10014

E-94

SIGNATURE (Specify location of laboratory if not part of requesting facility)

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

Standard Form 519A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A-32 (Rev.)

RADIOGRAPHIC REPORT
519-207-01

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME		6/11	16 5 69
PORSS, LEROY E. 12-27-22 235 075		REGISTER NO.	WARD NO.
AGE	SEX	(Check one)	
40	M	<input type="checkbox"/> BEDSIDE, WHEELCHAIR, OR STRETCHER <input checked="" type="checkbox"/> NO PATIENT <input checked="" type="checkbox"/> AMBULANCE	
EXAMINATION REQUESTED		DATE OF REQUEST	
G. I.		6/6/69	
REQUESTED BY		DATE OF REPORT	
JUN 11 1969			
(Above space for mechanical imprinting, if used)			
PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS			
Melena, epigastric pain, constipation			
FILM NO.		DATE OF REPORT	
RADIOGRAPHIC REPORT			
6/11/69 G. I. SERIES: No significant abnormality is demonstrated in the esophagus, stomach or duodenum. AY:ZJHP			
USPHS Outpatient Clinic		Signature: <i>[Signature]</i> 245	
New York, New York 10014		Standard Form 519A (Rev. Aug. 1954) Promulgated by Bureau of the Budget Circular A-32 (Rev.) RADIOGRAPHIC REPORT 519-207-01	
WC-1 B-6 (NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)			

E-95

E-96

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME		REGISTER NO.	WARD NO.
PERSS, LEROY E.			
12-27-26			
335 075			
MAR 14 1966			
(Above space for mechanical recording, if used)			
PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS AND PROVISIONAL			
ROUTINE			

3/14/66 CHEST: The lung fields are clear. The heart is unremarkable. NORMAL CHEST.
AV:ac

UNITS Outpatient Clinic
245 West Houston Street
New York, New York 10014

[Signature]

Standard Form 419A (Rev. Aug. 1954)
Prescribed by Bureau of the Census
Circular No. 2 (Rev. 1)
RADIOGRAPHIC REPORT
300-208-04

EXHIBIT 7

STATEMENT

September 19, 1972
Philadelphia, Pa

My name is Francis Wherrity and I reside at 240 West Tabor Road Philadelphia, Pa. Phone Number HA 4-1765. I am married and my wife's name is Anna. I am 45 years of age. I am an Able Bodied Seaman. I have a green ticket and can register as a Bosun or Deck. On May 12, 1971 I signed on the "OVERSEAS ALEUTIAN" as an Able Bodied Deck maintenance man. Z # is 52227102. While sailing I do recall cleaning tanks by the use of butterworth process. The butterworth machine is at the end of a hose and it is about 18 inches by 12 inches in size. It has an arm on the side which revolves and the whole machine revolves. The machine is connected to a hose which is a heavy gauge rubber hose. There is a line attached to the machine the line is regular ship's rigging rope. There should be at least four men required to pull the machine and hoses out. In placing the machine one man can usually let it down after the cradle is placed over the hole. The machine is first handled by almost two men. The machine is lowered about two feet into the whole on deck. Then a cradle is put over the hole. This allows the hose to slide easily and also provides a cover for the hole. After the cleaning process is completed the cradle is removed and it takes at least four men to pull the machine out. The machine goes to the bottom of the tank (a few feet from the bottom actually). The depth of tanks vary on different ships and I do not recall the depth on the "ALEUTIAN". Pulling the machine and hoses is heavy work and it takes at least four men working hard to pull it up. I do not recall specific details as to cleaning of the tanks but I do recall cleaning tanks on that voyage. I can not recall Leroy Porss. I may remember him if I saw him. I can't recall if he was helping in the cleaning of the tanks. I do not recall an accident involving injury to any of the crewmembers. I do not recall an accident where we left a machine go causing injury to anyone. It is very difficult to lift the machines out and it is possible at times to have it slack a few feet due to slippery lines or slippery decks. I do not however, recall this occurring. The equipment was in good condition. This is the first time I am aware of any alleged accident involving any of the crew. I do not know any of the crew members leaving the ship because of injury. I have read the above two pages and they are true and correct to the best of my knowledge.

Signature : Francis Wherrity

September 19, 1972

Philadelphia Penn

my name is Francis Wherity and I reside at 240
West Tabor Rd. Philadelphia Penn phone # HA4-1765
I am married and my wife's name is ADON. I am 75
years of age. I am an Able Bodied Seaman. I have a
green ticket and can register as a bosun or Deck
~~Maintenance~~. on May 12, 1972 I signed on the overseas
attention as an Able Bodied Deck Maintenance
man. Z¹/₂ number is 52227102. while sailing
I do recall clearing tanks of the use of Buttermilk
Process. The Buttermilk machine is at the end of
a hose and it is about 18" x 12" in size. It has
an arm on the side which revolves and the whole
machine revolves. The machine is connected to a
hose which is a heavy gasless rubber hose. There is
a line attached to the machine the line is regular
ships rigging rope. There should be at least four
men required to pull the machine and hose out.
In placing the machine one man can easily let
it down after the cradle is placed ~~over~~ the hole.
The machine is first ~~placed~~ hoisted by about
2 men. The machine is lowered about 2 feet into
the hole on deck. Then a cradle is put over the
hole. This allows the hose to slide easily and
also provides a cover for the hole. After the
clearing process is completed. The cradle is
removed and it takes at least 4 men to pull
the machine out. The machine goes to the bottom
of the tank (a few feet from the bottom actually).
+ Francis Wherity

Page 2

The depth of Tanks vary on different slicks and I do not recall the depth on The Alention. Pulling the machine and hoses is heavy work and it takes at least 4 men working hard to pull it up.

I do not recall specific details as to clearing of the tanks but I do recall clearing tanks on that voyage. I cannot recall Jerry Parson. I may remember him if I saw him. I can't recall if he was helping in the clearing of the tanks. I

do not recall ^{an} incident involving injury to any of the crew members. I do not recall an incident where we left the machine going causing injury to anyone. It is very difficult to lift the machine out and it is possible at times to have it slip a few feet due to slippery lines or slippery decks.

I do not however recall this occurring. The equipment was in good condition. This is the first time I am aware of any alleged accident involving any of the crew. I do not see any of the crew members leaving the ship because of injury. I have read the above 2 pages and they are true and correct to the best of my knowledge.

x Francis Wherry

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EXHIBIT A

VICTORY CARRIERS, INC.
- 888 Seventh Avenue
New York, New York 10019

March 9, 1973

Date

Master's Certificate
and
Requisition for and Report of Medical Attention

TO: Dr. _____ (PORT)

TO: U. S. P. H. S. _____ New York (STATION)

The bearer, Leroy Porss, Z# 1234564, has been employed
aboard the American Flag SS Longview Victory from 11/20/72 to 3/9/73
in the capacity of A.B. He complains of the following symptoms
for which he requests treatment.

Chest pains

The patient says they originated as follows: (Patient must describe onset of illness and/or CIRCUMSTANCES of injury in his own handwriting - include date, exact place of occurrence and the CAUSE thereof.)

Left side Chest Pain

I have read the above and verify it to be the truth. In order to inform my employer of my medical condition, I authorize the Doctor and/or Hospital, upon request of my employer, to make available to their representative the contents of my clinical record for examination and/or photostating; costs for photostating involved will be paid by the Company.

(Distribution at U. S. Ports:)

(1 Original to Seaman)

(1 Airmail to New York with Master's Report of Illness or Injury)

Leroy Porss
(Seaman's Signature)

R. Jones
(Master)

(For Overseas Use Only)

Doctor's Report

Findings and Diagnosis: _____

Treatment provided: _____

Status and Recommendations: Fit for Duty _____ Not Fit for Duty _____ Until _____
(Please check-line above)

(Distribution After Completion:

(1 hand to the Master (before sailing)

(1 Agent - (include with account for reimbursement)

(1 Airmail to New York immediately)

MARITIME OVERSEAS CORPORATION

Ship Managers and Brokers

511 Fifth Avenue, New York, N. Y. 10017

REPORT OF PERSONAL INJURY

IMPORTANT.—(A) Investigate and report immediately every accident, however slight, to crew, stevedores or other persons.

(B) Obtain signed statements from all witnesses.

(C) 3 white copies and blue copy to be airmailed to Maritime Overseas Corporation, N. Y. C. Yellow copy to be retained on board.

(D) If possible, take photographs and save all parts of machinery or gear.

Name of Vessel Overseas Aleutian Flag US Voy. No. 12 From 6/6/71 To

1.—Injured Person { Name Leroy E. Perss Occupation AB
 Address Pine Terrace Apts. Highland Falls, N.Y. 10928 Seaman's Book No. 2 1234564
 Age 42 Married Divorced How many Children 2
 Citizen of USA Where Born MAINE Estoria
 Name of nearest relative Cousin: Voldemar Perss
 Address Pine Terrace Apts. Highland Falls, N.Y. 10928

2.—Date man signed on 6/6/71 Where Westville, N.J. Before whom Master

3.—Date crew paid off Where

4.—Date upon which man was paid off Where

Before whom Amount of wages paid

5.—Wages per month

6.—(a) In whose employment Maritime Overseas Corp.

(b) How long employed 6 Days

7.—Injury received: (a) Date 6/8/71 (b) Hour 2130 (c) Place On deck # 3 P.Wing

(d) To whom first reported Bos'n. (e) When 6/9 1020

8.—In what port was ship at time of accident At Sea

9.—Describe fully how and where the accident happened At the process of pulling the Butterworth hose up from the tank on to the deck.

COPY TO GARD

DATE

6/15/71
5/8/72

Original card sent (date) 6/15/71
 Suppl. card sent (date)

(OVER)

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10.—Describe as fully as possible nature and extent of injury... Sprained lower part of back or stretched

11.—State what was done for the man after the accident with name and address of attending physician or hospital, if any. } Gave liniment and aspirin for pain

12.—Statement by injured person... At the moment when the accident happened I did not think much of it. But the next morning I could not get up anymore. At present I can walk around but can not stand or sit up too long.

Leroy E. Porse
Signature of Injured Person; Date:

13.—Name of person in charge or superintending work at time of accident. } Ch. Mate

14.—Was man able to return to duty? Yes same day if so, when? But not the next morning

15.—Was steamer, loading or discharging? From or to } dock or lighter?

16.—What machinery or gear was in use, and was it in good order? }

17.—Was the man sober? Yes

18.—Was substitute signed on? On what date?

19.—Name of substitute

20.—Name two prior employers of injured party Sea Land

Date: 6-11-11

G. L. Houser
(Signature of Master, Surgeon or Officer)

WITNESSES TO ACCIDENT AND PERSONS
ASSISTING IN WORK

NAME

SIGNATURE

HOME ADDRESS

E-103

EXHIBIT E

1/2/75 1/2/75
BREAK REPORTING SVC.

Emerson taken
rd the
area
on 6/18/77
atville,
Tenn

My name is Angelos Antoniou and I live at 9 Belnap Road, Hyde Park, Massachusetts. My S.S.# is 127-14-6990. I was born June 8, 1911. On June 8, 1971 I was serving aboard the S/T Overseas Plantation, as the bosun, having been on the vessel continuously since January 4, 1971, but having signed articles on January 12, 1971 at Baltimore, Maryland. I had Leroy ^{O.A.} ~~Murray~~ Pores working from 1800 hours to 2300 hours, which was overtime, on June 8, 1971. His normal tour of duty was 2400 hours to 0400 ^{O.A.} ~~hours~~ hours. During this time we were butterworthing the vessel's tanks, besides Leroy Pores I was using Able bodied seaman George Schmidt. I myself was pulling up the hose and butterworthing equipment while Schmidt and Pores was standing one on each side of me, ready to help me with the slack, which was created as I pulled up the 2 1/2 inch rubber hose connected to the butterworth machine and its nozzle. I asked Pores to help me

Oliver J. Lucchino Angelos Antoniou

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and he said his back hurt, but not that he injured it in an accident, and this was about 2130 hours. He finished his overtime on June 8, 1971, knocking off at ^{a.m.} 2300 hours. The vessel hoses and butler working machinery were in good order and ^{a.m.} clean and dry, and we had a firm and steady footing and the deck of the vessel was clean and dry, and free of obstruction. I never saw Pores injure himself and he never complained of an injury to me, until the following day, ^{a.m.} when he told me he could not stand ~~any~~ his normal 12 to 14 watch, and I notified the Chief Officer, Rolf Steidel, who went over to Pores' room to speak to him. I have read this statement of 2 pages and have had it read to me by Albert A. Lucchino and believe it to be true and correct to the best of my knowledge.

Albert A. Lucchino Angelo Antonio

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EXHIBIT F





E-106

EXHIBIT K

Victory Carriers, Inc.

*888 Seventh Avenue
New York, N.Y. 10019*

TELEPHONE: 212 489-0100
TELETYPE: 710 581-2752
CABLE ADDRESS: USVICSHIPS

371
5100

April 10, 1975

Haight, Gardner, Poor & Havens
One State Street
New York, New York 10004

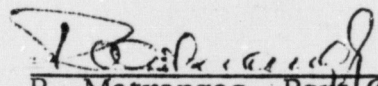
Re: S.S. LONGVIEW VICTORY
Medical Log - 11/20/72 - 3/9/73

Dear Sirs:

Enclosed is the Medical Log for the period stated above
which is provided to you for your use at trial and is to be
returned to us as soon as possible.

Yours very truly,

VICTORY CARRIERS, INC.


P. Matrangas, Port Captain

Encl.



VICTORY CARRIERS, Inc. MEDICAL LOG

S/S		Longview Victory		Voy. 129		From 2/9/73		19		To 3/6/73		19	
1	2	3	4	5	6	7	8	9	10				
No.	Date	Name and Rating	Acc.	Ill.	1st Rep Visit	Give Brief Description of Injury or Illness Treated, and Apparent Cause	Treatment	Disp	Rep	Signatures			
33	2/9/73	William DeZolt Messman	x	x		Suspected VD DIAGNOSIS: Gonorrhea	Sent to Dr. Pusan Given medication and relieved of messman duties	2		Wm DeZolt			
34	2/10/73	Raymond Matthews Ch Elect	x	x		Cold & sore throat Temp. 98.6 F	Given Cepacol L ^o z. and Corticidin 2 tablets and 1 ev 4 hrs. and Alkalin aromatic to gargle this.	1		Ray Matthews			
33	2/10/73	William DeZolt Messman	x	x		Gonorrhea	DeZolt lost medicine given by Doctor. Givne Terramycin 2 capsules ev 4 hrs. (16 caps)	2		Wm DeZolt			
35	2/14/73	John Davis AB	x	x		Bad cold and aches & pains. Advised to stay in bed this morning and resume regular watch tonight if feeling better,	Given Aspirin 2 ev 4 hrs and Terramycin 1 ev 6 hrs	2		John Davis			
33	2/14/73	William DeZolt Messman	x	x		Gonorrhea. VD symptoms have disappeared. Advised to resume regular messman duties tomorrow morning.	Given 8 more Terramycin capsules (2 ev 6 hrs) as a precautionary measure.	1		Wm DeZolt			
36	3/2/73	Fred Head 2nd Elet.	x	x		Slight burn on right little finger. Head was testing a light receptacle when it shorted out and caused a slight burn to finger.	Cleaned burn applied Folice ointment and bandage.	1		Fred Head			
37	3/6/73	Herbert Fentress	x			Has pain in back, right foot and fingers. Probably arthritic-& or liver trouble.	Given aspirins for pain. Says he will continue to stand his watch at this time.	1		Herbert Fentress			

COMPLETE IN DUPLICATE. SEE INSTRUCTIONS ON REVERSE SIDE.

COMPLETE IN DUPLICATE. SEE INSTRUCTIONS ON REVERSE SIDE.

Master of

VICTORY CARRIERS, Inc. MEDICAL LOG

S/S Longview Victory

Voy. 129

From

2/1

19 73

To

2/8 19 73

1 No.	2 Date	3 Name and Rating	4 Acc Ill.	5 1st Rep. Visit	6 Give Brief Description of Injury or Illness Treated, and Apparent Cause	7 Treatment	8 Disp	9 Rep	10 Signatures
26	2/2/73	James P. Newcomb Messman	x	x	Tongue is lumpy and coated. Also itching sensation over various parts of body. DIAGNOSIS Sore throat FIT FOR DUTY	Sent to US Naval Med. Disp. w/masters certificat No medication given.	1		James P. Newcomb
27	2/2/73	Alan J. Borner O.S	x	x	Suspected VD. Nausea, headaches and diarrhea. DIAGNOSIS: Positive Gonorrhea. FIT FOR DUTY	Sent to US Naval Med. Disp. w/masters cert. Penc. Given 4.8 million units	1		Alan J. Borner
28	2/2/73	Martin Mate	x	x	Possible ear fungus DIAGNOSIS: Cerumen in ears. FIT FOR DUTY.	Sent to US Naval Med. Disp w/masters cert. Ears cleaned.	1		Martin A. Gayman
29	2/3/73	Leroy Poirer AB	x	x	Swollen rt thumb. Chest pains and constipation. DIAGNOSIS: Ant chest pain. Patient advise to get medical evaluation as soon as possible-unable to decide if FIT OR UNEFIT AT THIS time.	Sent to US Naval Med. Disp. w/masters cert. No medication given.	1		Leroy Poirer
30	2/6/73	Raymond Matthews Ch Elect.	x	x	Diarrhea and nausea.	Given Bismuth subcarb. with paregoric hourly	1		Ray Matthews
31	2/6/73	Jose Rodriguez AB	x	x	Diarrhea and nausea	Given Bismuth subcarb. with paregoric hourly.	1		J Rodriguez
32	2/6/73	William Harris Jr AB	x	x	Diarrhea and Nausea	Given Bismuth subcarb. with paregoric hourly.	1		William Harris Jr
33	2/8/73	Otis Buffington AB	x	x	Rash between legs. DIAGNOSIS: Non-specific urethritis & Tinea corporis	Sent to Doctor Pusan GIVEN. Given medication & cream apply locally	1		Otis Buffington

COMPLETE IN DUPLICATE. SEE INSTRUCTIONS ON REVERSE SIDE.

Master of

VICTORY CARRIERS, Inc. MEDICAL LOG

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S/S Longview Victory			Voy. 129		From 1/18		19 To 1/31 1973	
1 No.	2 Date	3 Name and Rating	4 Acc. Ill.	5 1st Rep. Visit	6 Give Brief Description of Injury or Illness Treated, and Apparent Cause	7 Treatment	8 Dis Rep	9 10 Signatures
16	1/18/73	Otis Buffington AB	x	x	Rash between his legs	Sent to Dr. in Qui Nhon w/Masters Cert. FIT FOR DUTY	1	Otis Buffington
17	1/18/73	Alan J. Berner OS	x	x	Check on reoccurring Pilonidal cyst	Sent to Dr. in Qui Nhon w/Masters Cert. UNFIT FOR 2 DAYS. Given medication.	2	Alan Berner
18	1/20/73	William DeZolt Mess	x	x	Stopped up left ear causing dizziness	Sent to Dr. in Qui Nhon with Masters certificate FIT FOR DUTY. Given ear drops	1	William DeZolt
19	1/26/73	Ernest Forss AB	x	x	Swollen right thumb. DIAGNOSIS: Sprain rt thumb. FIT FOR DUTY	Sent to Dr. in Sattahip with masters certificate Given Hondoid-analgetic	1	Ernest Forss
20	1/26/73	William DeZolt Mess	x		Earache DIAGNOSIS: Chronic rhinitis failure of hearing UNFIT FOR 2 DAYS	Sent to Dr. In Sattahip with Masters certificat Given Antipallergic med.	2	William DeZolt
21	1/26/73	Oscar D. Johnson 3rd Cook	x		Pain in back DIAGNOSIS: Muscular sprain possible arthritis. FIT FOR DUTY	Sent to Dr. in Sattahip with Masters cert. Given Muscular relaxant	1	Oscar D. Johnson
22	1/26/73	Carson Jordan AB	x	x	Swollen left ear. DIAGNOSIS: Small abcess. FIT FOR DUTY	Sent to Dr. in Sattahip with masters cert. Given antibiotics	1	Carson Jordan
23	1/26/73	David Goosby FWT	x	x	Lump on forehead. DIAGNOSIS: Sebaceous cyst or resolving newahome cyst. FIT FOR DUTY.	Sent to Dr. in Sattahip with Masters cert. No medication given.	1	David Goosby
24	1/31/73	Juanito Antonio Wiper	x	x	Pain in lower back. Caused from stooping over to work in the bilges. Unable to work on 1/30 & 1/31.	Given linament and heating pad. Andaspirin 2 ev. 4 hours	2	Juanito Antonio
25	1/31/73	Carson Jordan AB	x	x	Stubbed left big toe while wearing shower clogs on deck. Broke off small piece of toe nail no abrasions.	Cleaned toenail area & applied band-aid.	1	Carson Jordan

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ORIGINAL - OFFICE

Master of

VICTORY CARRIERS, Inc. MEDICAL LOG

S/S Longview Victory

Voy. 129

From 12/18

19 72 To

1/3/72 19

1	2	3	4	5	6	7	8	9	10
No.	Date	Name and Rating	Acc Ill.	1st Rep. Visit	Give Brief Description of Injury or Illness Treated, and Apparent Cause	Treatment	Disp	Rep	Signatures
1	12/27/72	Guy Hassel Wiper	x	x	At Sea: Hassel complained of reoccurring back pain. Says back begin hurting again after carrying buckets of scrap metal from engine room.	Given Sloans liniment to be applied locally and advised not to work today if too much pain in back.	2	x	Guy R Hassel
1	12/28/72	Guy Hassel Wiper	x	x	At Sea: Hassel still has pain in back: requested back to be taped up again.	Applied adhesive tape across lower back upward approx. 12".	2	x	Guy R Hassel
7.	1/1/73	Bobby L. Riddick Wiper	x	x	At Sea: 0910 hours. While pumping galley diesel tank from engine room, Riddick was standing on some valves about 6" above the floor plates when he slipped and fell causing left leg to fall between floor plates and some pipes sustaining abrasion on left leg and severe pain to thigh.	Patient was placed in Ship's Hospital and examined for shock. Left leg was placed in splint and 1/2 gr morphine injected at 1100 hours and again at 2100 hours. He was also given 1/2 gr. codeine with 2 aspirin tablets at 0930 hrs which did not relieve the pain too much	3	x	Bobby L Riddick
7	1/2/73	Bobby L. Riddick Wiper	x	x	At Sea: 0800 hours. Riddick remains in Ship's Hospital with left leg in splint. He still has pain in left leg	Given 1/2 gr. codeine and 2 aspirin talbets for pain.			Bobby L Riddick
7	1/3/73	Bobby L. Riddick Wiper	x	x	Subic Bay 2200 hours Sent ashore in ambulance to Navy Hospital	Hospitalized taken personal effects with him and pay voucher with agent	4	x	Bobby Riddick
1	1/3/73	Guy Hassel Wiper	X	X	Subic Bay 2200 hours . Sent ashore with Masters Certificate to Navy Hospital	Diagnosis: Back sprain light duty for 10 days or repatriate to CONUS Sent to USA with pay voucher and personal effects		x	Guy R Hassel

COMPLETE IN DUPLICATE. SEE INSTRUCTIONS ON REVERSE SIDE.

ORIGINAL - OFFICE

T. Jones

M2 1 of 1

VICTORY CARRIERS, Inc. MEDICAL LOG

S/S Longview Victory		Voy. 129		From 1/1/73		19		To 1/17 1973	
1	2	3	4	5	6	7	8	9	10
No.	Date	Name and Rating	Acc Ill.	1st Rep. Visit	Give Brief Description of Injury or Illness Treated, and Apparent Cause	Treatment	Disp	Rep	Signatures
8	1/4/73	Eugene B. Wells OS	x	x	Wells bumped his left leg against stanchion and hurt his knee while cocking in Subic 1/3/73 at 2045 hrs	Sent to US Navy Dispensary with Masters Certificate FIT FOR DUTY. No RX required.	1	x	Eugene B. Wells
9	1/14/73	Luis A. Malave OS	X	X	Malave fell down coming back from lookout and hurt his left knee and slight laceration on 2 fingers rt hand	Given linament and Elastic bandage		x	Luis Angel Malave
10	1/15/73	Herbert M. Fentress FWT		x x	Liver ailment and swollen ankles FIT FOR DUTY *GIVEN MEDICATION	Sent to Doctor in Qui Nhon with masters cert.	1		Herbert M. Fentress
11	1/15/73	James P. Newcomb MESSMAN		x	Toothache and needs Typhus shot	Sent to Dentist and Dr. with masters cert.	1		James P. Newcomb
12	1/15/73	Juantio Antonio Wiper			Needs Smallpox, Typhus, typhoid, Cholera & plague shot	Sent to Doctor Qui Nhon with Masters cert.	1		Juantio Antonio
13	1/15/73	William Harris AB	x	x	Harris was involved in an Motorbike accident last night while ashore in Qui Nhon he fell off the bike and landed on rt arm & shoulder causing swollen right forearm	Sent to Doctor Qui NHON with masters cert. DIAGNOSIS: No fx or dislocation seen on wrist elbow or ankle films. UNFIT FOR 5 DAYS.	2	x	William Harris
14	1/17/73	Francisco Tagpis Wiper			Needs Typhoid, Typhus, Cholera and Plague. inoculations	Sent to Dr. Qui Nhon w/Masters cert.			Francisco Tagpis
15	1/17/73	Edward A. Marcial FWT			Needs Typhoid, Typhus, Cholera and plague inoculations	Sent to Dr in Qui Nhon w/Masters cert.			Edward A. Marcial
2	1/17/73	Luis A. Malave O.S.	x	x	Left knee still sore from fall on Sat Jan 14th.	Sent to Dr. in Qui Nhon with Masters certificate FIT FOR DUTY	1	x	Luis Angel Malave

COMPLETE IN DUPLICATE. SEE INSTRUCTIONS ON REVERSE SIDE.

Master or
Chief Mate

VICTORY CARRIERS, Inc. MEDICAL LOG

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S/S Longview Victory			Voy. 129			From 12/12		19 72 To 12/18/72		19	
1	2	3	4	5	6	7	8	9	10		
No.	Date	Name and Rating	Acc Ill.	1st Rep. Visit	Give Brief Description of Injury or Illness Treated, and Apparent Cause	Treatment	Disp	Rep	Signatures		
5.	12/12	Guy Hassels Wiper	x	x	Still unable to work. Has quite a lot of pain in back. Says the heating pad and liniment dont help too much.	Applied adhesive tape across lower back area upward 12"	2	x	Guy R Hassels		
6,	12/22	Herbert Fentress FWT	x	x	Has some hardness and slight pain in abdominal area. Condition improved.	Advised by USPH to put on liquid diet and discontinue ice pack treatment and for patient to get out of bed and move around some.	2	x	Herbert M Fentress		
5.	12/12	Petrus M. van der Eik Ch Engr.	x	x	Fore-finger still sore and has some pain and occassional bleeding.	Applied Terramycin oint and changed dressing.	1	x	Petrus M. van der Eik		
6.	12/13	Herbe rt Fentress FWT	x	x	Condition improved. Resumed regular duties at 0000 hrs 12/13/72	No treatment given this day.	1	x	Herbert M Fentress		
1.	12/13	Guy Hassels Wiper	x	x	Pain in back decreased from what it was yesterday. Says tape on back has reduced the pain considerably.	No treatment given this day.	2	x	Guy R. Hassels		
5.	12/13	Petrus M. van der Eik Ch. Engr.	x	x	Fore-finger still sore.	Soaked finger in Epsom salt solution & changed dressing.	1	x	Petrus M. van der Eik		
1.	12/14	Guy Hassels Wiper	x	X	Still has some pain in back area. Patient removed tape from back. Area under tape somewhat irritated some skin peeled off.	Applied first aid cream on irritated skin area.	2	x	Guy R Hassels		
1	12/18	Guy Hassels Wiper	x	x	Condition improved. Patient resumed normal duties 12/18/72 at 0800 hrs	None	1		Guy R. Hassels		

COMPLETE IN DUPLICATE. SEE INSTRUCTIONS ON REVERSE SIDE.

Master of

VICTORY CARRIERS, Inc.

MEDICAL LOG

s/s Longview Victory

Voy. 129

From 12/10

19 72 To

12/11/72 19

1	2	3	4	5	6	7	8	9	10
No.	Date	Name and Rating	Acc Ill.	1st Rep Visit	Give Brief Description of Injury or Illness Treated, and Apparent Cause	Treatment	Disp	Rep	Signatures
5.	12/10	Petrus M. Van Der Eik	x	x	At Sea: 1110 hrs While working on radiator return line in passageway outside Cooks room Ch. Van der Eik was holding chisel while 1st Asst. Black was striking same with sledge hammer. Black missed the chisel and struck Ch Engr. on left fore-finger causing severed laceration and seperating finger nail from finger.	Cleaned and applied bandage to laderation. Given tetracycline Caps 1 cap's 4 times a day.			<i>[Signature]</i>
6.	12/10	Herbert Fentress FWT	x	x	At Sea: 2020 hrs. Fentress complains of pain in abdominal area. Says his liver is swollen, has past history of Cirrhosis thinks it might be brought on by heat in the engine room	Treated with ice packs around abdominal area. Sent Radio message to USPH requesting medical advice. USPH confirmed ice packs, and advised soft diet, bed rest & anti-acid liquid.			<i>[Signature]</i>
1.	12/11	Guy Hasselle Wiper	x	x	At Sea: 0800 Back pain has subsided somewhat-still has some pain in lower back area.	Continue with linament2 reassessed to patient normal advice . Told not to return to duty until pain is gone.			<i>[Signature]</i>
5-6.	12/11	Petrus Van der Eik Ch Engr.	x	x	At Sea: The Chief still has pain and throbbing sensation in injured finger.	Cleaned laceration applied Terramycin oint. and changed dressing.			<i>[Signature]</i>
6.	12/11	Herbert Fentress FWT	x	x	At Sea: Visited Fentress in his quarters at 0800 & 1200 hrs. Abdominal pain has lessened, still has some hardness in this area.	Continue with ice-packs, soft diet and anti-acid medicine.			<i>[Signature]</i>

COMPLETE IN DUPLICATE. SEE INSTRUCTIONS ON REVERSE SIDE

COMPLETE IN DUPLICATE. SEE INSTRUCTIONS ON REVERSE SIDE

Master or

VICTORY CARRIERS, Inc. MEDICAL LOG

S/S LONGVIEW VICTORY

Voy. 129

From 11/23

19 72

To 12/10/72

19

1	2	3	4	5	6	7	8	9	10
No.	Date	Name and Rating	Acc Ill.	1st Rep Visit	Give Brief Description of Injury or Illness Treated, and Apparent Cause	Treatment	Disp	Rep	Signatures
1.	11/30	Guy R. Hassel Jr. Wiper	x	x	Sunny Pt: Hassel was carrying a large Freon bottle down the ladder to the engine room when he strained his back. Wiper, Bobby L. Fiddick was carrying one end of the bottle	Given elastic bandage to be applied after shower	1		<i>[Signature]</i>
2.	12/1	Petrus van der Blik Ch Engr.	x	x	Sunny Pt.: Van der Blik blacked out on reefer flat was found laying down by 1st engr. He also complained of chest pains.	Taken to his room and sent by ambulance to Doshier Memorial Hospital Southport, N.C.	4	x	<i>[Signature]</i>
1.	12/2	Guy R. Hassel Jr Wiper	x		Sunny Pt: Hassel complained of his back still being sore from accident on 11/30/72	Sent to USPH Southport w/Masters certificate. FIT FOR DUTY	1		<i>Guy R. Hassel</i>
3.	12/7	Florian R. Clarke FWT	x	x	Canal Zone: Clarke complained of severe chest cramps, shortness of breath and loss of appetite.	Sent to USPH Canal Zone with Masters certificate. NOT FIT FOR DUTY. Hospitalized.	4	x	<i>Florian R. Clarke</i>
4.	12/9	Carson Jordan AB	x	x	At Sea: 1100 hrs. Jordan complained of sore throat. Normal temp no cold symptoms.	Given Alkaline Aromatic Tablets for gargle (1 tablet 1/2 glass water). and Cepacol lozengers.	1		<i>Carson Jordan</i>
1.	12/9	Guy R. Hassel Wiper	x	x	At Sea: 1320 hrs. Hassel complained of reoccurring back pain, from injury received on 11/30/72. K.O from work at this time	Still taking medicine rec'd from Doc. 12/2/72 also given Sloans liniment to be applied locally.	2	x	<i>Guy R. Hassel</i>
1.	12/10	Guy R. Hassel Wiper	x	x	At Sea: 0800 hrs Still complains of considerable back pain unable to resume work, remains in quarters.	Continue with medication and heating pad applied locally to lower back area			<i>Guy R. Hassel</i>

COMPLETE IN DUPLICATE. SEE INSTRUCTIONS ON REVERSE SIDE.

Master or
Chief Mate

VICTORY CARRIERS, Inc. MEDICAL LOG

S/S <u>Lenzview Victory</u>		Voy. <u>129</u>		From <u>Nov. 20 1972</u> To <u>Nov. 21, '72</u>		19			
1 No.	2 Date	3 Name and Rating	4 Acc Ill.	5 1st Rep. Visit	6 Give Brief Description of Injury or Illness Treated, and Apparent Cause	7 Treatment	8 Dis	9 Rep	10 Signatures
1	11-21-72	Harris Lamar Grizzard	x	x	Savannah, Ga. Patient complained of cramps in stomach & legs.	Not treated. Sent to U.S.P.H.S.			<i>Harris E. Grizzard</i>
2	11/24/72	Vega Raul	x	x	Sunny Point, N.C. Corn on sole of left foot. Note: Was had this before * joining vessel	Not treated. Sent to USPMS.			

COMPLETE IN DUPLICATE. SEE INSTRUCTIONS ON REVERSE SIDE.

Richard A. Ruster

Master or

E-115

MEDICAL LOG
INSTRUCTIONS

Column

Remarks

- 1 Number each separate Accident or Illness consecutively at time of the first visit. Use the same number for each subsequent visit or treatment for same injury or illness.
- 2 Date of treatment.
- 3 Name and Rating.
- 4 Indicate by check (✓) whether Accident or Illness.
- 5 Indicate by check (✓) whether first visit for this particular Accident or Illness, or whether repeat visit. This information to check with Column 1.
- 6 Give brief description of Injury or Illness treated, and apparent cause.
- 7 Specify treatment given.
- 8 Check disposition, by figures as follows:
 - (1) Continued at work.
 - (2) Sick in quarters.
 - (3) Placed in ship's hospital.
 - (4) Taken to hospital ashore.
- 9 Indicate by check (✓) that an Injury/Illness Report was made out.
- 10 Signatures of sick person and of person administering treatment.

NOTE:

ALL cases where the seaman is given a Master's Certificate of Service to the U. S. Public Health Service and/or where the seaman is sent ashore for medical treatment or examination, together with the reason therefore, MUST be entered in the Medical Log.



E-117
EXHIBIT J

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

November 11, 1974

U.S.P.H.S. HOSPITAL
15TH AVENUE AND LAKE STREET
SAN FRANCISCO, CALIF. 94116

Public Health Service Outpatient Clinic
245 W. Houston, Street
New York, New York

67
Pursuant to 27-11-50

RE: PORSS, Leroy
OUR REGISTER NO: 28 16 64
YOUR REFERENCE: Req. from Atty. Office
dated 10-29-74

Dear Sir:

The attached information on the above-named patient is being sent to you

_____ at the patient's request.

_____ as you requested.

_____ patient will be reporting to your facility for further treatment.

_____ X-rays will be forwarded under separate cover.

REMARKS:

It is against hospital policy to complete any forms other than our own.
This data is to be used for your official and professional use only.

Sincerely yours,

SE McKay
for HARMEN S. GALLAGHER, M.D.
CHIEF, MEDICAL RECORDS DEPT. /lem

ENCLOSURE(S):

11. 11. 74
11. 11. 74

cc: J.M. Hazen
1 State Street Plaza
New York, N. Y.

E-118



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

U.S.P.H.S. HOSPITAL
15TH AVENUE AND LAKE STREET
SAN FRANCISCO, CALIF. 94118

November 11, 1974

Public Health Service Outpatient Clinic
245 W. Houston, Street
New York, New York

67
Pur 27 11-8

RE: PORSS, Leroy
OUR REGISTER NO: 28 16 64
YOUR REFERENCE: Req. from Atty. Office
dated 10-29-74

Dear Sir:

The attached information on the above-named patient is being sent to you

_____ at the patient's request.

_____ as you requested.

_____ patient will be reporting to your facility for further treatment.

_____ X-rays will be forwarded under separate cover.

REMARKS:

It is against hospital policy to complete any forms other than our own.
This data is to be used for your official and professional use only.

Sincerely yours,

E-119

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

CERTIFICATION - TRUE PHOTOCOPIES OF CLINICAL RECORDS

Having been designated as local custodian of the clinical records
of the SAN FRANCISCO, CALIFORNIA United States
(Station Name)

Public Health Service HOSPITAL, U.S.
(Hospital or Station)

Department of Health, Education, and Welfare, pursuant to 42 Code
of Federal Regulations 1.107 (d), I hereby certify that the attached
documents, consisting of 11 pages, are true photocopies of
clinical records pertaining to PORSS, Leroy and
28 16 64
that the originals of said records are in the files of the said

HOSPITAL
(Hospital or Station)

NOVEMBER 11, 1974
(Date)



Karen C. Gallaway
(Signature)
KAREN C. GALLAWAY,
CHIEF, MEDICAL RECORDS DEPT.
(Title of Certifying Officer)

(Hospital or Station)

PUBLIC HEALTH SERVICE HOSPITAL
15th AVENUE AND LAKE STREET
SAN FRANCISCO, CALIFORNIA 94118

1044 HOWARD STREET • SAN FRANCISCO, CALIFORNIA 94103 • TELEPHONE (415) 621-7680

INVOICE NO. PHS 11-113

[illegible]



SONIC

1044 HOWARD STREET • SAN FRANCISCO, CALIFORNIA 94103 • TELEPHONE (415) 621-7680

DATE: 11/7/74

RE: psych Medical Records

P.O. NO. Contract 1

INVOICE NO. PJS 11-113

[illegible]

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES
(Sign all notes)

DATE

8-21

Screen

38 yo M to 2 mo. hx of relatively constant RLQ pain, unrelated to food, position. Also LS pains, constipation, intermittent dysuria. Told he had UTI in Far East.

PE - Mod. L-S strap on spasm.

Prost. large, boggy, somewhat tender.

Small ~~intest~~ ^{inguinal} direct hernia.

No Abd. findings.

Imp Probably prostatitis
to subacute psychophys.

Plan -

2 glass WA,

component.

C & S.

Tetracycline, sitz
baths, qhs MOM, rest.

NFID, RTC 2 wks.

J. Keller

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade, date; hospital or medical facility)

REGISTER NO.

281664

WARD NO.

Perss, Leroy

DOCTOR'S PROGRESS NOTES
Standard Form 509
509-100

28/6/64

DOCTOR'S PROGRESS NOTES
(Sign all notes)

DATE

7/28/64

clo. for m. (R) arm when
lifting objects - Not redness
back R (R) shoulder - &
into neck

limited spine } - not recording
(R) shoulder } Bursitis
Calcaneus

UA - 2 for neg
Bc - dist. Th. area
- not urine

RFA

Dr. Tendinitis
Bursitis -

Nelson

4/1/68

Recurrence of symptoms in low back
prolapsed. Has discharge in AM.

Imp. Prostatitis suspected

Pres: 1) UA (2 glass), urine culture
2) CBC

3) VDRL

4) RTC (drop in) Friday

5) L-S spine

6) Tetracycline 1.5 gm stat / 500 mg qid / 2 weeks / Rel.

E-124

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME

Poiss, Leroy Evald

REGISTER NO.

281664

WARD NO.

OPD

AGE SEX

39 M

(Check one)

☐ BEDSIDE WHEELCHAIR
☐ OR STRETCHER

BED

PATIENT

☐ AMBULATORY

EXAMINATION REQUESTED

L-5

spine

REQUESTED BY

D. W. Reiche

DATE OF REQUEST

4-1-68

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

PT - chronic low back pain w/ spondylosis

FILM NO.

DATE OF REPORT

RADIOGRAPHIC REPORT

4/1/68 LS SPINE: Essentially negative study except perhaps for very minimal osteoarthritic change at L5-S1 apophyseal joints.

4/5/68 WAW:us

SIGNATURE (Specify location of laboratory if not part of requesting facility).

APR 1 1968

Standard Form 519A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A-32 (Rev.)

RADIOGRAPHIC REPORT

519-205-04

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME

Poiss, Leroy
28 16 64

REGISTER NO.

281664 - 391

WARD NO.

OPD

AGE SEX

38 M

(Check one)

☐ BEDSIDE WHEELCHAIR
☐ OR STRETCHER

BED

PATIENT

☐ AMBULATORY

EXAMINATION REQUESTED

Cervical spine + @ shoulder

REQUESTED BY

L. Cohen

DATE OF REQUEST

8/28/67

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

Rt. Cervical spine -
Bursitis

FILM NO.

DATE OF REPORT

RADIOGRAPHIC REPORT

8/28/67 CERVICAL SPINE: AP and lateral projections of the cervical spine demonstrate wear and tear with changes of a hypertrophic nature.
RIGHT SHOULDER: Reveals a small fleck of calcium related to the supraspinatus tendon.
IMP: Peritendinitis calcarea.

8/29/67 AGK:us

SIGNATURE (Specify location of laboratory if not part of requesting facility).

AUG 21 1967

Standard Form 519A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A-32 (Rev.)

RADIOGRAPHIC REPORT

519-205-04

E-125

3, LEROY
28 16 64

REGISTER OR UNIT NO.	WARD NO.	<input type="checkbox"/> BED PATIENT
REQUESTED BY <i>J. Miller</i>		<input type="checkbox"/> AMBULATORY
DATE, TIME, AND METHOD OF COLLECTION		DATE OF REQUEST <i>8/21</i>

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

<input checked="" type="checkbox"/> COLOR APPEARANCE		<input checked="" type="checkbox"/> MICROSCOPIC REMARKS
REACTION	<i>6.0</i>	<i>2 glass urine</i> <i>I increased amount of</i> <i>mucus; occas. wbc</i> <i>11/ occas. wbc</i>
SPECIFIC GRAVITY	<i>1.022</i>	
ALBUMIN	<i>0</i>	
SUGAR	<i>0</i>	
ACETONE	<i>—</i>	
BILE	<i>occ. blood 0 0</i>	DATE OF REPORT <i>8-21-67</i>
		SIGNATURE (Specify Lab. if not part of requesting facility) <i>[Signature]</i>
		NAME OF MEDICAL FACILITY

Standard Form 514-A—Rev. June 1959.
Bureau of the Budget Circular A-32

URINALYSIS

E-126

0803 OPD 4/8

Poss, Leroy Evald

REGISTER OR UNIT NO. 281664	WARD NO. <input type="checkbox"/> BED PATIENT <input type="checkbox"/> AMBULATORY
REQUESTED BY AND DATE D/Beebe	DATE AND TIME COLLECTED
CLINICAL DATA Ch prostaticitis	

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

EXAMINATION REQUESTED C + S	SPECIMEN AND SOURCE urine	ANTIBACTERIAL THERAPY
--------------------------------	------------------------------	-----------------------

REPORT

1,000 to 10,000 colonies/cc. of alpha
haemolytic Strep.

DATE OF REPORT	SIGNATURE (Specify Lab. if not part of requesting facility)
NAME OF MEDICAL FACILITY	

Standard Form 514-R—Rev. June 1959.
Bureau of the Budget Circular A-32

BACTERIOLOGY

Poss, Leroy Evald

REGISTER OR UNIT NO. 281664	WARD NO. <input type="checkbox"/> BED PATIENT <input type="checkbox"/> AMBULATORY
REQUESTED BY AND DATE Beebe	DATE AND TIME COLLECTED
CLINICAL DATA Ch prostaticitis	

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

W.B.C. 6,000	R.B.C.
DIFFERENTIAL COUNT	HEMATOCRIT 43
NEUTROPHILS 56	HEMOGLOBIN
BLASTS	BLEEDING TIME
MYELOCYTES	COAGULATION TIME
BANDS	BLOOD MORPHOLOGY: REMARKS
LYMPHOCYTES 37	
MONOCYTES 6	
EOSINOPHILS 1	
BASOPHILS	
PLATELETS	
SEDIMENTATION RATE 9	
C.S.R.	

DATE OF REPORT 4-1-60	SIGNATURE (Specify Lab. if not part of requesting facility)
NAME OF MEDICAL FACILITY	

Standard Form 514-B—Rev. Dec. 1964
Bureau of the Budget Circular A-32

HEMATOLOGY

E-127

281664

PORS3 LEROY E

A3

12 27 28 H

REGISTER OR UNIT NO.

WARD NO.

☐ BED PATIENT
☐ AMBULATORY

REQUESTED BY AND DATE

DATE COLLECTED

CLINICAL DATA

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

REPORT

DIFFERENTIAL COUNT

☐ ROUTINE COMPLEMENT FIXATION☐ C'HER (Specify)

VDRL

NON REACTIVE

O A

DATE OF REPORT

SIGNATURE (Specify Lab. if not part of requesting facility)

NAME OF MEDICAL FACILITY

1 16 20

Standard Form 514-C—Rev. June 1959.
Bureau of the Budget Circular A-32

S.T.S.

281664

PORS3 LEROY E

A3

12 27 28 H

REGISTER OR UNIT NO.

WARD NO.

☐ BED PATIENT
☐ AMBULATORY

REQUESTED BY AND DATE

DATE AND TIME COLLECTED

CLINICAL DATA

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

DIFFERENTIAL COUNT

NEUTROPHILES

49

BLASTS

MYELOCYTES

BANDS

LYMPHOCYTES

41

MONOCYTES

7

EOSINOPHILES

3

BASOPHILES

PLATELETS

actly

SEDIMENTATION RATE

C.S.R.

HEMATOCRIT

42

HEMOGLOBIN

BLEEDING TIME

COAGULATION TIME

BLOOD MORPHOLOGY: REMARKS

DATE OF REPORT

SIGNATURE (Specify Lab. if not part of requesting facility)

NAME OF MEDICAL FACILITY

Standard Form 514-B—Rev. Dec. 1961
Bureau of the Budget Circular A-32

HEMATOLOGY

E-128

Pors, Leroy, Ewald

2 glass test

REGISTER OR UNIT NO. 281664	WARD NO.	<input type="checkbox"/> BED PATIENT <input type="checkbox"/> AMBULATORY
REQUESTED BY Beebe	DATE OF REQUEST	
DATE, TIME, AND METHOD OF COLLECTION		

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

COLOR-APPEARANCE	
REACTION	7.0
SPECIFIC GRAVITY	1.015
ALBUMIN	0
SUGAR	0
ACETONE	
BILE	

MICROSCOPIC: REMARKS:

only one glass submitted.

0-1 WBC / HPF

DATE OF REPORT 4/1/64	SIGNATURE (Specify Lab. if not part of requesting facility) M
NAME OF MEDICAL FACILITY	

STANDARD FORM 514-A—REV. JUNE 1959.
BUREAU OF THE BUDGET CIRCULAR A-32

☆ GPO: 1963-896-812

URINALYSIS

PORS, Leroy

0739

28, 16 64

REGISTER OR UNIT NO.	WARD NO.	<input type="checkbox"/> BED PATIENT <input type="checkbox"/> AMBULATORY
REQUESTED BY AND DATE G. Miller	DATE AND TIME COLLECTED	
CLINICAL DATA Prostatitis		

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

EXAMINATION REQUESTED C.V. and stream urine c & s	SPECIMEN AND SOURCE	ANTIBACTERIAL THERAPY 0
REPORT		

NO GROWTH
AFTER 48 HOURS

8 24 67

DA KENNETH A. BORK CHIEF, MICROBIOLOGY PATHOLOGY SERVICE	DATE OF REQUESTING WARD T. F. C.
--	-------------------------------------

Standard Form 514-A—Rev. June 1959.
Bureau of the Budget Circular A-32

BACTERIOLOGY

Court

EXHIBIT

U. S. DIST. COURT
S. D. OF N. Y.

1 - (ONE)

FPI MI-4-B-74-3CM 2001

MARITIME OVERSEAS CORPORATION 72 CTY. 1600

GENERAL LIABILITY

as plaintiff proved by a fair preponderance of the
—
dence that defendant shipping company was negligent
o provide sufficient number of seamen to carry out

the operation of moving Butterworth equipment on board the
S.S. OVERSEAS ALEUTIAN on June 8, 1971 and that such negligence
was a proximate cause, in whole or in part, of an accident sus-
tained by plaintiff on June 8, 1971?

YES

NO

Go on to question 2.

2. Has plaintiff proved by a fair preponderance of the
credible evidence that defendant was negligent because the other
seamen with whom plaintiff was working in removing the Butter-
worth equipment negligently let go of the hose and line and
that such negligence was a proximate cause, in whole or in part,
of an accident sustained by plaintiff on board the S.S. OVERSEAS
ALEUTIAN on June 8, 1971?

YES

NO

Go on to question 3.

SPECIAL VERDICT: LIABILITY

1. Has plaintiff proved by a fair preponderance of the credible evidence that defendant shipping company was negligent in failing to provide sufficient number of seamen to carry out the operation of moving Butterworth equipment on board the S.S. OVERSEAS ALEUTIAN on June 8, 1971 and that such negligence was a proximate cause, in whole or in part, of an accident sustained by plaintiff on June 8, 1971?

YESNO

Go on to question 2.

2. Has plaintiff proved by a fair preponderance of the credible evidence that defendant was negligent because the other seamen with whom plaintiff was working in removing the Butterworth equipment negligently let go of the hose and line and that such negligence was a proximate cause, in whole or in part, of an accident sustained by plaintiff on board the S.S. OVERSEAS

ALEUTIAN on June 8, 1971?

YESNO

Go on to question 3.

E-131

3. Has plaintiff proved by a fair preponderance of the credible evidence that defendant was negligent in directing plaintiff to assist in moving Butterworth equipment on board the S.S. OVERSEAS ALEUTIAN on June 8, 1971 and that such negligence was a proximate cause, in whole or in part, of an accident sustained by plaintiff on June 8, 1971?

YES

NO

Go on to question 4.

4. Has plaintiff proved by a fair preponderance of the credible evidence that the S.S. OVERSEAS ALEUTIAN was unseaworthy because an insufficient number of seamen were provided to carry out the operation of moving Butterworth equipment on June 8, 1971 and that such unseaworthiness was a proximate cause, in whole or in part, of an accident sustained by plaintiff on June 8, 1971?

YES

NO

If your answer to any of questions 1 through 4 is "YES", go on to question 5.

If your answers to each of questions 1 through 4 is "NO", omit all further questions and sign the SPECIAL VERDICT on the last page.

5. Has defendant proved by a fair preponderance of the credible evidence that negligence on the part of the plaintiff contributed, in whole or in part, to an accident sustained by plaintiff on June 8, 1971?

YES

NO

If your answer to question 5 is "YES", proceed to question 6. If your answer to question 5 is "NO", omit question 6 and go on to PART TWO SPECIAL VERDICT: DAMAGES

6. To what extent did plaintiff's own negligence contribute to the accident? (express in terms of a percentage)

_____ %

GO ON TO PART TWO SPECIAL VERDICT: DAMAGES

PART TWO SPECIAL VERDICT RE DAMAGES

1. (a) Has plaintiff proved by a fair preponderance of the credible evidence that as a result of an accident on June 8, 1971 he sustained damages consisting of past pain, suffering and disability?

Yes No

If your answer to 1(a) is "No," proceed to 2(a).
If your answer to 1(a) is "Yes," proceed to 1(b).

(b) To what award is plaintiff entitled for past pain, suffering and disability? \$ _____

Proceed to question 2.

2. (a) Has plaintiff proved by a fair preponderance of the credible evidence that as a result of an accident on June 8, 1971 he is reasonably certain to sustain damages consisting of future pain, suffering and disability?

Yes No

If your answer to 2(a) is "No," proceed to 3(a).

If your answer to 2(a) is "Yes," proceed to 2(b).

2. (b) To what award is plaintiff entitled for future pain, suffering and disability which he is reasonably certain to sustain? \$ _____

Proceed to question 3.

3. (a) Has plaintiff proved by a fair preponderance of the credible evidence that, as a result of the accident on June 8, 1971, he sustained damages consisting of past loss of wages? YES NO

3. (b) To what award, if any, is plaintiff entitled for past loss of wages? \$

Go on to question 4.

4. (a) Has plaintiff proved by a fair preponderance of the credible evidence that, as a result of the accident on June 8, 1971, he is reasonably certain to sustain damages consisting of future lost wages? YES NO

(b) What is the number of years, if any, over which this loss is reasonably certain to be sustained? year

(c) What is the average yearly value of this loss, if any, which is reasonably certain to be sustained? \$

Go on to question 5.

5. (a) Has plaintiff proved by a fair preponderance of the credible evidence that, as a result of the accident on June 8, 1971, he is reasonably certain to sustain future medical expenses? YES NO

(b) To what award, if any, is plaintiff entitled for medical expenses which he is reasonably certain to sustain? \$

SEE ATTACHED REPORT ON THE LAST PAGE

E-135 .

Court
EXHIBIT
U. S. DIST. COURT
S. D. OF N. Y.

2

FP. M1-4 8-74-30M 2001

MARITIME OVERSEAS CORPORATION 72 CIV. 1600

SPECIAL VERDICT: LIABILITY

Is plaintiff proved by a fair preponderance of the
evidence that defendant shipping company was negligent
provide sufficient number of seamen to carry out

the operation of moving Butterworth's equipment on board the
S.S. OVERSEAS ALEUTIAN on June 8, 1971 and that such negligence
was a proximate cause, in whole or in part, of an accident sus-
tained by plaintiff on June 8, 1971?

YES X
NO

Go on to question 2.

2. Has plaintiff proved by a fair preponderance of the
credible evidence that defendant was negligent because the other
crewmen with whom plaintiff was working in removing the Butter-
worth's equipment negligently let go of the hose and line and
that such negligence was a proximate cause, in whole or in part,
of an accident sustained by plaintiff on board the S.S. OVERSEAS
ALEUTIAN on June 8, 1971?

YES X
NO

Go on to question 3.

E-136

ALLEN V. MARITIME OVERSEAS CORPORATION 72 CIV. 1600

PART ONE SPECIAL VERDICT: LIABILITY

1. Has plaintiff proved by a fair preponderance of the credible evidence that defendant shipping company was negligent in failing to provide sufficient number of seamen to carry out the operation of moving Butterworth equipment on board the S.S. OVERSEAS ALEUTIAN on June 8, 1971 and that such negligence was a proximate cause, in whole or in part, of an accident sustained by plaintiff on June 8, 1971?

YES

X
NO

Go on to question 2.

2. Has plaintiff proved by a fair preponderance of the credible evidence that defendant was negligent because the other crewmen with whom plaintiff was working in removing the Butterworth equipment negligently let go of the hose and line and that such negligence was a proximate cause, in whole or in part, of an accident sustained by plaintiff on board the S.S. OVERSEAS

ALEUTIAN on June 8, 1971?

X
YES

NO

Go on to question 3.

Has plaintiff proved by a fair preponderance of the credible evidence that the S.S. OVERSEAS ALEUTIAN was unseaworthy because an insufficient number of seamen were provided to carry out the operation of moving Butterworth equipment on June 8, 1971 and that such unseaworthiness was a proximate cause, in whole or in part, of an accident sustained by plaintiff on June 8, 1971?

YES

NO

If your answer to any of questions 1, 2, or 3 is "YES", go on to question 4.

If your answers to each of questions 1, 2 and 3 is "NO", omit all further questions and sign the SPECIAL VERDICT on the last page.

4. Has defendant proved by a fair preponderance of the credible evidence that negligence on the part of the plaintiff contributed, in whole or in part, to an accident sustained by plaintiff on June 8, 1971?

YES

NO

If your answer to question 4 is "YES", proceed to question 5.
If your answer to question 4 is "NO", omit question 5 and go
on to PART TWO SPECIAL VERDICT: DAMAGES

5. To what extent did plaintiff's own negligence contribute to the accident? (express in terms of a percentage)

GO ON TO PART TWO SPECIAL VERDICT: DAMAGES

PART TWO SPECIAL VERDICT RE DAMAGES

1. (a) Has plaintiff proved by a fair preponderance of the credible evidence that as a result of an accident on June 8, 1971 he sustained damages consisting of past pain, suffering and disability?

$\frac{X}{\text{Yes} \quad \text{No}}$

If your answer to 1(a) is "No," proceed to 2(a).
 If your answer to 1(a) is "Yes," proceed to 1(b).

(b) To what award is plaintiff entitled for past pain, suffering and disability?

\$8500
 1000 ✓
 2500 0

Proceed to question 2.

2. (a) Has plaintiff proved by a fair preponderance of the credible evidence that as a result of an accident on June 8, 1971 he is reasonably certain to sustain damages consisting of future pain, suffering and disability?

$\frac{X}{\text{Yes} \quad \text{No}}$

If your answer to 2(a) is "No," proceed to 3(a).

If your answer to 2(a) is "Yes," proceed to 2(b).

2. (b) To what award is plaintiff entitled for future pain, suffering and disability which he is reasonably certain to sustain?

\$ _____

Proceed to question 3.

E-139

2. (a) Has plaintiff proved by a fair preponderance of the credible evidence that, as a result of the accident on June 8, 1971, he sustained damages consisting of past loss of wages? X
Yes No

3. (b) To what award, if any, is plaintiff entitled for past loss of wages? \$ 16,500

Go on to question 4.

4. (a) Has plaintiff proved by a fair preponderance of the credible evidence that, as a result of the accident on June 8, 1971, he is reasonably certain to sustain damages consisting of future lost wages? YES 7

(b) What is the number of years, if any, over which this loss is reasonably certain to be sustained? years

(c) What is the average yearly value of this loss, if any, which is reasonably certain to be sustained? \$

SIGN SPECIAL VERDICT ON THE LAST PAGE

E-140

Ruth B Obin

Juror No. 1 (FORELADY)

Joseph L. D'Angelo

Juror No. 2

Maria C. Magee

Juror No. 3

Pasquale J. Corrado

Juror No. 4

Helen R. Hardy

Juror No. 5

Virginia M. Whitehead

Juror No. 6

A 88a - 476
J. 4-23-71)

COURT

EXHIBIT

U. S. DIST. COURT

S. D. OF N. Y.

3

FP: MI-4 6-74 30M-2001

E-141

COURT'S EXHIBIT 3

of me over the depositions -
only by Plaintiff and Angelo
Kion

Thank you.

Plaintiff

E-142

May we have the depositions -
testimony by Plamett and Angelo
Antonione

Thank you

Plamett

A 88a - 475
D. 4-28-71)

Court

EXHIBIT
U. S. DIST. COURT
S. D. OF N. Y.

4

FPI-MI-4-8-74-208-2001

E-143

COURT'S EXHIBIT 4

*is waiting for compliance
on original request.*

R. Olin

E-144

We're waiting for compliance
with our original request.

R. O. Keni

E-145

URA 83a-475
(ED. 4-23-71)

Court

EXHIBIT
U. S. DIST. COURT
S. D. OF N. Y.

5

FD-302 (Rev. 4-8-74) 30M-2001

COURT'S EXHIBIT 5

The testimony of Angelo Antonino

- ① We would like to hear that part
of deposition which refers to
the actual covering and raising
of the Pettinatti machine by
the men.

Sir:

In the testimony of Angelo Antonino

- ① We would like to hear that part of deposition which refers to the actual lowering and raising of the Battisimo machine by the men.

USA 33a-475
(ED. 4-23-71)

COURT
EXHIBIT
U. S. DIST. COURT
S. D. OF N. Y.

6

1PI MI--4 8-74-30M-2001

E-147

COURT'S EXHIBIT 6

Longer here in the testimony

and a comment of someone

Let's go back and try to again

Unfortunately we don't recall
whose testimony it was.

Rev:

E-148

Somewhere in the testimony
There was a comment of someone
Saying Let's go back and try it again.

Unfortunately we don't recall
whose testimony it was.

13a - 475
6-23-71)

COURT
EXHIBIT
U. S. DIST. COURT
S. D. OF N. Y.

7

FPI-MI--4 8-74 30M-2001

E-149

COURT'S EXHIBIT 7

Jury has reached a decision

One - Liability #1 and #3

We cannot reach a decision on
Number two.

Just you instruct us as to who shall
be an to sign Exhibit II on this basis
and present it to the court.

John

Sir:

The jury has reached a decision
on Part One - Exhibits #1 and #3.

We cannot reach a decision on
number two.

Will you instruct us as to who
we are to sign Exhibit II on this record
and present it to the court.

R. E. H.

8

FD-302 (Rev. 4-8-74) 30M 2001

have tried to reach a
view on Part One, but seemed
to be hopelessly deadlocked.

John

Mr. The last time to reach an
I would see Part One, but seem
to be hopelessly deadlocked.

L.H.

10

if the jury have a work record -
the Pass, dates and earnings

1467

136

1961

1770

12-1

1472

272

1. 2. 3.

10

22

under

Done

Perth

Ben

2

67

189

Ch

500 kg per
400 kg each

24

Wang

May the jury have a work week -
for the Pines, dates and earnings

1967	}	no
1968		
1969		
1970		
1971		
1972	}	under
1973		
1974		

Owl
 6 Reab Robin
 7

peg

set

500 by P. no
 400 by P. no
 400 by P. no

Wang

500001

EXHIBIT
J. S. DIST. COURT
S. D. OF N. Y.

//

HAIGHT, GARDNER, POOR & HAVENS

ONE STATE STREET PLAZA

NEW YORK, N.Y. 10004

TELEPHONE (212) 344-6800

CABLE: MOTOR NEW YORK
HCA TELE: 222974
WUI TELE: 620362
WUI TELE: 127683

1815 H STREET, N.W.
WASHINGTON, D.C. 20006
TELEPHONE (202) 737-7817
CABLE: MOTOR WASHINGTON
WASHINGTON; WUI TELE: 692898
RALPH E. CASEY
RESIDENT PARTNER, WASHINGTON

FPI M-4 8 74 10M 1001

LET UCCB
S F MCLANDIN
ED K RAMBUSH
J SENTEN, JR

October 29, 1974

United States Public Health Service
San Francisco
California

Attention: Medical Records Librarian

OVERSEAS ALEUTIAN - ALLEGED INJURY TO
LEROY PORSS - JUNE 18, 1971
Our File 4101 - 53

6-2
281664

Dear Sirs:

We are attorneys representing Maritime Overseas Corporation in a lawsuit in the United States District Court, Southern District of New York. We intend to subpoena all U. S. Public Health Service records from 1960 to date of A/B Leroy Porss, Z No. 1234564, S.S. No. 127-24-2220, when this case is called for trial November 18, 1974.

In order to avoid delay in the trial of this matter would you please forward copies of all records from 1960 - date concerning the above-named individual to the West Houston Street facility in New York, New York. We will, of course, be glad to reimburse you for any expenses for photocopying or mailing.

Thank you for your courtesy and cooperation.

Very truly yours,

HAIGHT, GARDNER, POOR & HAVENS

By

J. M. Hosen

JMH:lw

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES

(Sign all notes)

DATE

JAN 15 1970

UNSCHEDULED VISIT

Pt referred back for Saigon
for Psych. treatment to and eval
Was afraid of us and engaged a
nurse. Psych. treatment fully
in control with personality
a Paranoid features.
Nurs Psych eval.

Trp. Referred - for Psych
eval.

Sup CBL, VDAL

Psych & Apt

as soon as possible -
It reported for Saigon.

After

(Continue on reverse side)

2876 64

WARD NO

DOCTOR'S PROGRESS NOTES
Standard form 509
5-7-66

DOCTOR'S PROGRESS NOTES
(Sign all notes)

DATE

JAN 27 1970

PSYCHIATRY

41 y/o ♂ AS flown back from Saigon where he was taken off his ship. He was examined at an Army field hospital because of his expressed fears "thought to be without foundation, that his life is in danger from three other crew members." Their dx was "emotionally unstable personality - paranoid features."

He felt these three crewman were going to kill him as they threatened because of disagreements which arose from playing cards, and from political discussions. He not only feared them personally, but was fearful that they might hire someone to kill him because that "is very cheap." The pt also reports feeling particularly endangered within the confines of the ship.

The pt was born in Estonia. He left there with three brothers at the age of 19 for Sweden. He immigrated to this country shortly thereafter. His parents are both in Estonia. He has a father and a brother in Sweden, Australia and this country. He appears not to have close

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES
(Sign all notes)

DATE

ties with his family although he maintains better contact with all of them. He served two years in the Army during the Korean conflict, and was honorably discharged. He was married in 1959 & divorced in 1964 because of "mother-in-law trouble." He has two children (boy, & girl) whom he sees about once each year. His relations with his former wife Cuko lives in Illinois with her parents & children are amicable. There have been no serious heterosexual relationships since his divorce.

On mental status he is neatly dressed and oriented in all spheres. He is fearful and obsessed with the damage from the three men. It is difficult to evaluate the reality of this. However, it is of note that he has "wild dreams" at loss, and weakened nerves. He appears to be of average intelligence, and has no memory deficit. He appears mildly depressed, and somewhat suspicious.

Imp/ Acute Paranoid Reaction resolving

Diag/ DF

Sleeping 2 mgm tid

REC'd at

John, Perry

REGISTERED

12/8/64

WARD NO.

DATE _____

FEB 10 1970

PSYCHIATRY

74 states that he feels "much better." He says that he is no longer scared. However, he still, "at night" times. At this point, the paranoid process seems to have completely resolved.

Imp / ³/P Paranoid Reaction; Schizoid Personality
Disp / FFD

Lawolkan

PLAINTIFF'S REQUESTS TO CHARGE

E-162

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----X
LEROY PORSS,

Plaintiff,

72 Civ. 1600
(RHL)

-against-

MARITIME OVERSEAS CORPORATION,

Defendant.
-----X

PLAINTIFF'S REQUESTS TO CHARGE

2-1-6
1. This is a suit under the general maritime law and under the Jones Act, remedial legislation for seamen which establishes liability for negligence of the ship owner by or through its own negligent act or the negligent acts of its officers or crews of its vessels.

The duty under the general maritime law is to provide the seamen with a seaworthy vessel.

6
2. The duty of an owner to provide the plaintiff with a seaworthy vessel is absolute and non-delegable. That is, if the vessel was unseaworthy, proximately causing the accident, then the owner is liable no matter what steps it took to make its vessel safe and seaworthy no matter whether it had knowledge of the unseaworthy condition. The question to determine unseaworthiness is not what the defendant did

or did not do but what the condition of the ship was with respect to the equipment and crew provided.

3. To be seaworthy a vessel must not only be strong and fit in the hull for the voyage, but must also be properly equipped and have a crew adequate in number and competent to perform their duty.

4. The obligation of the defendant to provide a seaworthy vessel includes providing reasonable equipment and gear to do the work and a reasonably competent crew to perform its duties. If you find that the ship owner failed to do so, then the vessel was unseaworthy and you will find for the plaintiff.

5. If you believe that an insufficient number of men were ordered to do the work, and that it was a proximate cause of the plaintiff's accident, you may find that the vessel was unseaworthy and that the defendant is liable for damages.

6. The ship owner has the duty to provide a seaman adequate assistance for the job to be done, and a finding of inadequacy or insufficiency in numbers renders the vessel unseaworthy and the ship owner liable.

7. The ship owner must provide equipment and gear reasonably fit and suitable for the tasks, and crew adequate

in number and capacity so that the work can be adequately performed. Failure to provide such equipment or crew renders the vessel unseaworthy.

R 8. The misuse by the crew of sufficient equipment will render the vessel unseaworthy.

G 9. Under the doctrine of seaworthiness no showing of negligence is necessary; the plaintiff need only show that in some manner proximately causing the accident complained of, the vessel was unseaworthy by reason of inadequate equipment or crew provided by the ship owner.

G 10. There is no requirement to show the owner's knowledge of the conditions which gave rise to the unseaworthiness of defendant's vessel.

R 11. There is no claim that the plaintiff's fellow workers deliberately intended to injure him. Your finding that the vessel was unseaworthy or that the defendant is liable for negligence does not require that you find that the action of any person was deliberately calculated to injure. Liability herein is predicated upon an unintentional harm.

R-C 12. There is a humanitarian policy to protect seamen from the hazards of maritime service and Congress has seen fit to pass what is defined as remedial legislation for the

benefit of seamen, the Jones Act 46 U.S.C. 688, which permits recovery for negligence of the employer or by and through any fellow seaman.

G 13. The plaintiff's claim for damages due to negligence does not require that you find that there was an insufficient number of crewmen. It need only show that the failure of the men who were working with the plaintiff, either the b'sun, A.B.'s or deckmen to properly perform their tasks as would a reasonably prudent seaman or in acting in any manner that a reasonably prudent seaman would not proximately caused the plaintiff's accident.

R 14. If you find that any of the men with whom the plaintiff was working when he was injured acted in a way that it either caused or contributed to the accident, in whole or in part, and that the action of the fellow crewman was a proximate cause of the accident, then you may find the defendant guilty of negligence and award the plaintiff damages.

G 15. The negligence of a fellow crewman holds the defendant liable under the law, and if you find that any of the plaintiff's fellow crewmen or superiors in any degree, in whole or in part, caused or contributed to the accident, that the defendant is liable for damages.

16. The failure to provide competent and sufficient numbers of crewmen to do a job is negligence and if you find that the defendant through its employees did not order sufficient personnel to perform the work, then you may find the defendant guilty of negligence.

17. The defendant is liable for the negligence of any of its employees that causes or contributes to an accident and injuries proximately caused by that negligence.

18. The defendant has the burden of proving that the plaintiff was contributorily negligent and that burden is the same as that of the plaintiff in proving defendant's negligence.

19. Any contributory negligence of the plaintiff is only in mitigation of the defendant's negligence and if you find that both the defendant and the plaintiff were negligent, then it is your duty to determine the extent of the negligence of the plaintiff and reduce the amount of the verdict accordingly.

20. Negligence is the doing of some act which a reasonably prudent person would not do, or the failure to do something which a reasonably prudent person would do, when prompted by considerations which ordinarily regulate the conduct of human affairs. It is, in other words, the failure

to use ordinary care under the circumstances in the management of one's person or property, or of agencies under one's control.

21. Ordinary care is not an absolute term, but a relative one. That is to say, in deciding whether ordinary care was exercised in a given case, the conduct in question must be viewed in the light of all the surrounding circumstances, as shown by the evidence in the case.

Refer C
22. Because the amount of care exercised by a reasonably prudent person varies in proportion to the danger known to be involved in what is being done, it follows that the amount of caution required, in the use of ordinary care, will vary with the nature of what is being done, and all the surrounding circumstances shown by the evidence in the case. To put it another way, any increase in foreseeable danger requires increased care.

G
23. Plaintiff alleges that the defendant's conduct, at the time and place in question, was negligent in the following particulars:

The defendant's employee or employees failed to properly raise the hose and line by failing to hold and grip it, causing it to fall back into the tank; by failing to hold the line by clamping a

foot on it when the middleman did not securely hold the hose; by not ordering a fourth man to help the plaintiff handle and hold the hose if the lineman failed to stop the hose from falling back into the tank after the middleman failed to properly hold and grip the hose and line.

Rebut 24. An injury or damage is proximately caused by an act, or a failure to act, whenever it appears from the evidence in the case, that the act or omission played a substantial part in bringing about or actually causing the injury or damage; and that the injury or damage was either a direct result or a reasonably probable consequence of the act or omission.

R 25. The plaintiff alleges that by reason of his claimed injuries, proximately resulting from the accident involved in this case, he has sustained general damages in the sum of \$30,000.00 and has lost an additional sum of \$14,000.00 in loss of earnings.

R 26. The plaintiff in a civil case, such as this, must prove the essential elements of his claim by a preponderance of the evidence.

To "establish by a preponderance of the evidence" means to prove that something is more likely so than

not so. In other words, a preponderance of the evidence in the case means such evidence as, when considered and compared with that opposed to it, has more convincing force, and produces in your minds belief that what is sought to be proved is more likely true than not true.

G 27. There are, generally speaking, two types of evidence from which a jury may properly find the truth as to the facts of a case. One is direct evidence - such as the testimony of an eyewitness. The other is indirect or circumstantial evidence - the proof of a chain of circumstances pointing to the existence or non-existence of certain facts.

R/C 28. Although the party who asserts the affirmative of an issue must prove his claim by a preponderance of the evidence in the case, this rule does not, of course, require proof to an absolute certainty, since proof to an absolute certainty is seldom possible in any case.

In a civil action such as this, it is proper to find that a party has succeeded in carrying the burden of proof on an issue of fact if, after consideration of all the evidence in the case, the jurors believe that what is sought to be proved on that issue is more likely true than not true.

22/C 29. You are not bound to decide any issue of fact in accordance with the testimony of any number of witnesses which does not produce in your minds belief in the likelihood of truth, as against the testimony of a lesser number of witnesses or other evidence which does produce such belief in your minds.

The test is not which side brings the greater number of witnesses, or presents the greater quantity of evidence; but which witness, and which evidence, appeals to your minds as being most accurate, and otherwise trustworthy.

6 30. If you should find that the plaintiff is entitled to a verdict, in arriving at the amount of the award you should include:

(1) the reasonable value of the time, if any, shown by the evidence in the case to have been necessarily lost up to date by the plaintiff since the injury, because of being unable to pursue his occupation, as a proximate result of the injury. In determining this amount, you should consider any evidence of plaintiff's earning capacity, his earnings, and the manner in which he ordinarily

occupied his time before the injury, and find what he was reasonably certain to have earned during the time so lost, had he not been disabled; and

(2) also such sum as will reasonably compensate the plaintiff for any loss of future earning power, proximately caused by the injury in question, which you find from the evidence in the case that plaintiff is reasonably certain to suffer in the future. In determining this amount, you should consider what plaintiff's health, physical ability and earning power were before the accident and what they are now; the nature and extent of his injuries, whether or not they are reasonably certain to be permanent; or if not permanent, the extent of their duration; all to the end of determining, first, the effect, if any, of his injury upon his future earning capacity, and, second, the present value of any loss of future earning power, which you find from the evidence in the case that plaintiff is reasonably certain to suffer in the future, as a proximate result of the injury in question.

31. If you should find that the plaintiff is entitled to a verdict, you will award him a sum which will com-

pensate him reasonably for (1) any pain, suffering and mental anguish already suffered by him and proximately resulting from the injury in question; and (2) for any pain, suffering and mental anguish, which you find from the evidence in the case that he is reasonably certain to suffer in the future from the same cause.

Dated: New York, New York
April 10th, 1975.

Respectfully submitted,

FUCHSBERG & FUCHSBERG
Attorney for Plaintiff

By: _____

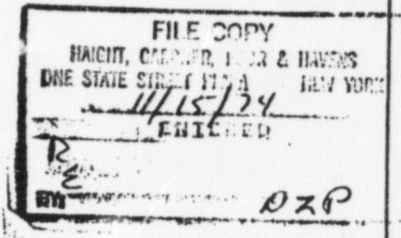
A member of the Firm

Office & P.O. Address
250 Broadway
New York, New York 10007
212 962-2800

HARVEY GOLDSTEIN,
Of Counsel.

DEFENDANT'S PRELIMINARY REQUESTS TO CHARGE
E-173

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK



-----x
LEROY PORSS,

Plaintiff,

- against -

72 Civ. 1600 (EW)

MARITIME OVERSEAS CORPORATION,
Defendant.
-----x

PRELIMINARY REQUESTS TO
CHARGE RESPECTFULLY SUBMITTED
ON BEHALF OF DEFENDANT

1. Initially, there is a credibility problem for you to determine. Defendants deny that plaintiff sustained an accident aboard the ship. Therefore you must first decide whether plaintiff sustained an accident, in the manner alleged, aboard defendant's vessel.

Defendant argues that Porss failed to report an accident aboard the Overseas Aleutian until one day after it supposedly occurred. Defendant also points to the fact boatswain Antonion witnessed no such accident. In other words, direct testimony and circumstantial proof is offered to show that such an accident is not consistent with the facts. In resolving this type of question, you may take into account any evidence which there may be of personal bias, prejudice or interest of that witness in the outcome of this case. If you find a witness willfully testified falsely to any material fact, you have a right to reject the entire testimony of that witness.

Filed 11/15/74
1020

2. A shipowner is not required to provide an accident-proof ship. The mere fact that an accident happened to the plaintiff does not make the shipowner liable to him. Mitchell v. Trawler Racer, Inc., 362 U.S. 539, 1960 A.M.C. (1960); Pignataro v. Waterman S.S. Co., 194 F. 2d 404 (2 Cir., 1952).

3. The law does not make the defendant an insurer of the safety of its crewmembers and the defendant did not guarantee to plaintiff that an accident would not happen to him while aboard its vessel. Nagle v. Isbrandtsen Co., Inc., 177 F. 2d 163, 164 (2 Cir., 1949).

4. A vessel is seaworthy when the vessel, including its decks, are reasonably fit for their intended use. The standard is not perfection, but reasonable fitness. Mitchell v. Trawler Racer, Inc., 362 U.S. 539 (1960).

5. Plaintiff claims there was insufficient personnel to carry out the operation of moving the butterworth equipment. The essential test is whether, considering place and circumstance, the vessel, its equipment and in this case the number of men working was reasonably fit to permit plaintiff to work there with reasonable safety. Absolute perfection is not required under the doctrine of seaworthiness. It requires simply reasonable fitness for intended use. Waldron v. Moore-McCormack Lines, Inc., 386 U.S. 724 (1967). In determining whether the number of men assigned to the butterworth operation was sufficient, you may consider the contract in force between plaintiff's union, the S.I.U. and plaintiff's employer.

6. Plaintiff is obliged to make reasonable use of his own faculties to observe and avoid danger. Defendant had a right to assume that plaintiff would exercise that degree of care required to observe what the ordinary use of his faculties would have made apparent to him aboard both vessels. Nagle v. Isbrandtsen Co., Inc., 177 F. 2d 163 (2 Cir., 1949); De Luca v. Shepard S.S. Co., 67 F. 2d 437, 439 (2 Cir., 1933).

7. If you find that plaintiff's alleged injuries were caused solely by his own negligence either in the manner in which he chose to walk about the deck, or in the way he chose to lift or hold the butterworthing hose, then plaintiff cannot recover against defendant and your verdict must be for defendant. The plaintiff may not be careless of his own safety, if defendant is to be liable. Santo Marco v. United States, 227 F. 2d 255, 257 (2 Cir., 1960); Nicroli v. Den Norske Afrika, et al., 332 F. 2d 651 (2 Cir., 1964); Ktistakis v. United Cross Navigation Corp., 324 F. 2d 728 (2 Cir., 1963); and Shenker v. United States, 322 F. 2d 622 (2 Cir., 1963).

8. In this case there is a sharp conflict as to the condition of the deck and butterworthing equipment aboard the ship at the time plaintiff claims he fell. You must resolve this conflict yourselves. In determining the amount of credence to be given to the testimony of any witness you may take into account any personal bias, prejudice or interest of that witness in relation to the facts or in relation to the parties to the action.

9. Plaintiff is further claiming that the boatswain aboard the Overseas Aleutian issued an improvident

order in directing plaintiff to assist himself and others in moving butterworth equipment. Plaintiff maintains that such an order was negligence on the bosun's part because the bosun knew there was insufficient personnel for the task or that the butterworth equipment or operation was unsafe. In order for you to find that the bosun was negligent you must find (1) that the bosun had such knowledge and (2) with such knowledge, failed to act in a reasonable manner in ordering plaintiff to assist in this otherwise routine task. If plaintiff fails to sustain his burden on either count, then your verdict must be for the defendant.

10. The fact that plaintiff is an individual and defendant is a corporation, must play no part in your deliberation. The law guarantees to a corporation the same fair treatment that affords to individuals. Sympathy must play no part in your deliberation.

11. Plaintiff has an obligation to mitigate his damages. If you believe that plaintiff could have worked for any periods when he claims he was disabled and failed to make reasonable efforts to obtain employment, you must reduce your verdict proportionately. Plaintiff is not entitled to recover the present discounted value of his future earnings without diminution or offset. In other words, plaintiff is under an affirmative duty to mitigate his damages by securing other employment which any physical limitation he may now have will permit. Skibs A/S Dalfonn v. s/t Alabama, 373 F. 2d 101 (2 Cir., 1967); Hauer v. Compania Anonima de Navegacion et al., 1964 AMC 1421, 1433 (SDNY, 1963).

12. You are not to consider in any way during your deliberations, expenditures for medical and surgical aid at the U. S. Public Health Service Marine Hospital, since these services are available to a seaman free of charge.

13. One who is injured in his person by the wrongful act of another may recover loss of time resulting therefrom and consequent loss of earnings including future earnings provided that they are shown with reasonable certainty and are not merely speculative in character. The measure of damages in this field is fairly definite. The amount awarded is controlled by what the evidence shows concerning the earning capacity of the injured person, before and after the accident. Imperial Oil Ltd. v. Drlik, 234 F. 2d 4, 11 (8 Cir., 1956).

14. A seaman is entitled to maintenance and cure if he is injured or becomes sick in the service of the ship. This obligation extends until the seaman is cured or recovery under treatment is no longer possible. Farrell v. United States, 1949, 336 U.S. 511; Calmar S.S. Corp. v. Taylor, 1938, 303 U.S. 525; Fernandez v. United Fruit Company, 5 Cir., 1961, 287 F. 2d 447. Murphy v. S.S. Panosceanic Faith, 241 F. Supp. 540, 541 (E.D. La., 1965). See also Theriot v. Aetna Casualty and Surety Company, 215 F. Supp. 36, 39 (E.D. La., 1963).

15. The seaman must establish his cause of action by a preponderance of the evidence. Colon v. United States, 74 F. Supp. 216 (SDNY, 1947).

16. The question of when maximum cure has been accomplished is basically a medical question.

17. Visits to the outpatient department of a Marine Hospital do not preclude a conclusion that maximum cure had been reached. Myers v. Isthmian Lines, Inc., 292 F. 2d 28, 32 (1st Cir., 1960), cert. denied 365 U.S. 304 (1961).

18. Defendant's liability for maintenance must terminate when the phase of primary treatment has brought plaintiff substantially to his end result, whether that point is measured by complete recovery or simply the maximum recovery he will ever attain. Maximum cure therefore must be determined by reference to all of the facts of the particular case. Calmar Steamship Corp. v. Taylor, 303 U.S. 525, 50 S. Ct. 651, 32 L. Ed. 993; Muruaga v. United States, 2 Cir., 172 F. 2d 318; Montilla v. United States, D.C., 70 F. Supp. 161; Farrell v. United States, 336 U.S. 511, 69 S. Ct. 707, 93 L. Ed. 350, Ziegler v. Marine Transport Lines, D.C., 78 F. Supp. 216. Creppel v. J.W. Banta Towing, Inc., 202 F. Supp. 508, 513 (E.D. La., 1962).

19. The liability for maintenance continues only while the sick or injured seaman is receiving treatment of a curative nature, that is, until he has been cured of the sickness or his incapacity has been declared of a permanent character. 79 C.J.S., Seamen, §174 - p. 639; Triantafilos v. United States, 37 F. Supp. 365 (C.D. Pa., 1949), aff'd per curiam 172 F. 2d 399 (3rd Cir., 1950); LaFontaine v. The S.M. McAllister, 101 F. Supp. 820 (SDNY, 1951); Farrell v. United States, supra.

20. The defendant is not liable for treatment which is only palliative in nature, i.e., that which eases without curing. Stanovich v. Jurlin, 227 F. 2d 245

AFFIDAVIT OF PERSONAL SERVICE

STATE OF NEW YORK,
COUNTY OF RICHMOND ss.:

EDWARD BAILEY being duly sworn, deposes and says, that deponent is not a party to the action, is over 18 years of age and resides at 286 Richmond Avenue, Staten Island, N.Y. 10302. That on the 7 day of Oct, 19 at No. 250 Broadway deponent served the within upon the *Philip Fuchsler* herein, by delivering a true copy thereof to h personally. Deponent knew the person so served to be the person mentioned and described in said papers as the *Cappelle* therein.

Sworn to before me
this 7 day of Oct 19 75

Edward Bailey
.....
Edward Bailey

William Bailey
.....
WILLIAM BAILEY

Notary Public, State of New York

No. 43-0182945

Qualified in Richmond County

Commission Expires March 30, 1976